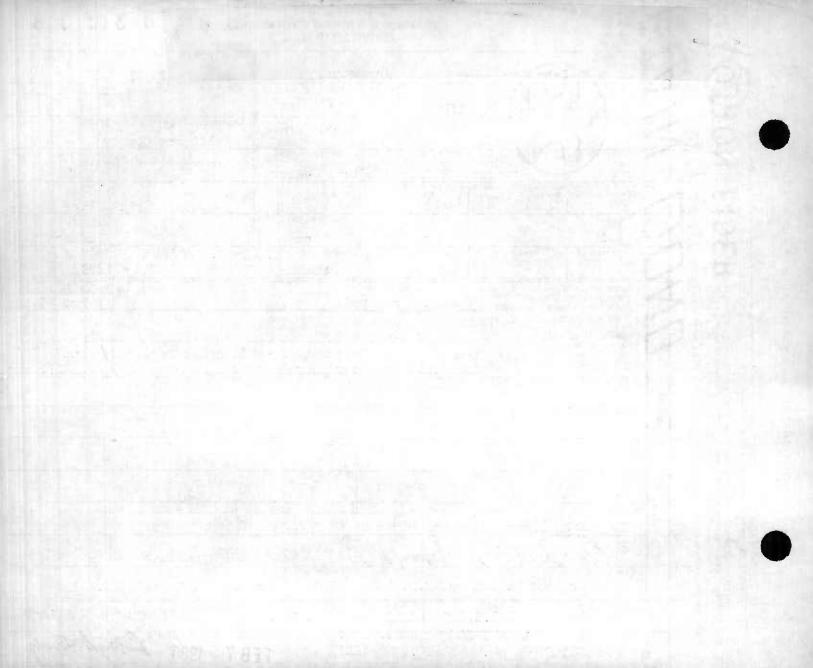
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH O REGISTRAR REG NO DECEASED NAME 20 DATE OF DEATH 25 HOUR LTYPE OR PRINTS 4:40A Baby Boy ABRAMSON 80 4 RACE 5. DATE OF BIRTH 3 SEX AGE TIN YEARS LAST BIRTHDAY YEAR Male. W HITE 80 TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MD Baltimore County IR CITY OR TOWN OF DEATH 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Towson Greater Baltimore Medical Center NONE NONE DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 13c CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 6609 Shelrick Place MD Balto 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE Gi1 Alvin Abramson Ann Ellen Podnetsky 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT MR. GIL A. ABRAMSON 6609 (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NONE SHELRICK PLACE #21209 XXXXXXX APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic-PART I. DEATH WAS CAUSED BY Neonatal asphyxia 4 hr. 15 min IMMEDIATE CAUSE (o) DUE TO OR AS A CONSEQUENCE OF about 8 1/2 Vasa previa Conditions, if ony, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF Velamentous umbilical cord insertabout couse (o), stoting the underlying couse lost ction (umbilical cord developmental abnormality) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? YES T NO [the buriol-transit and Mental Hygie 216. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH or Item MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK 2/1 80 10 80 22a. I certify that (I) (this haspital) attended the deceased from 80_, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated sow the deceased alive on. obove, (1) (we) (did) (did not) view the body after death 226 SIGNATUR 22c. DATE SIGNED DEGREE 2-1-80 Should be detoc with the Stote D IMPORTANT: If DIRECTOR PHYSICIANA PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS Margaret L. Dobson, M.D. 6701 N. Charles St. Towson, Md. 21204 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL ARLINGTON (CHIZUK AMUNO) CITY OR BALTIMORE COUNTY MARYLAND FEB. 1, 1980 SOL LEVINSON & BROS., INC. DHMH - 16 50M 1/76 6010 REISTERSTOWN RD. BALTO., MD 21215 1980 (VR A 15 (4))



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Page 4 may be director, page 3 hours after death	3. SE	Male	1. RACE white	5. DATE (6 AGE (IN YEARS LAST BIRTHDAY) 71 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
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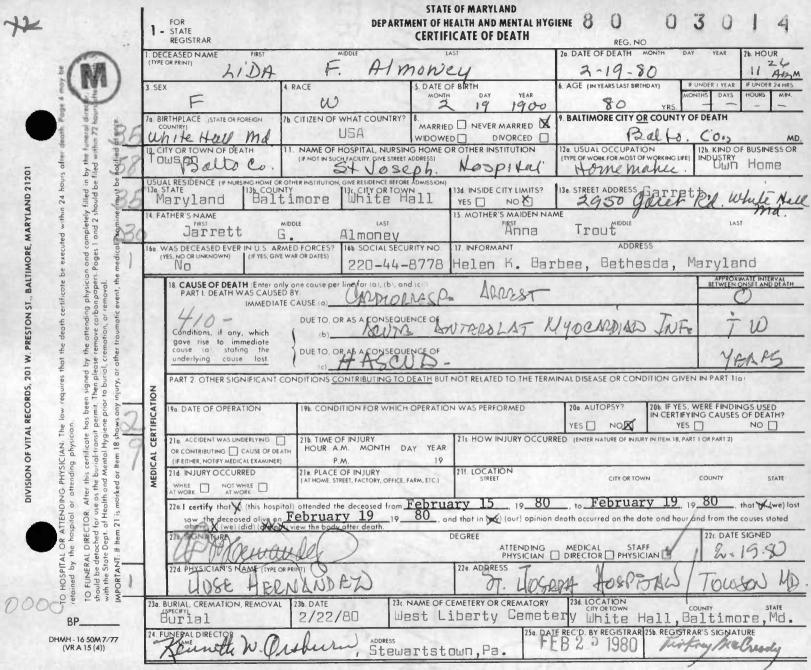
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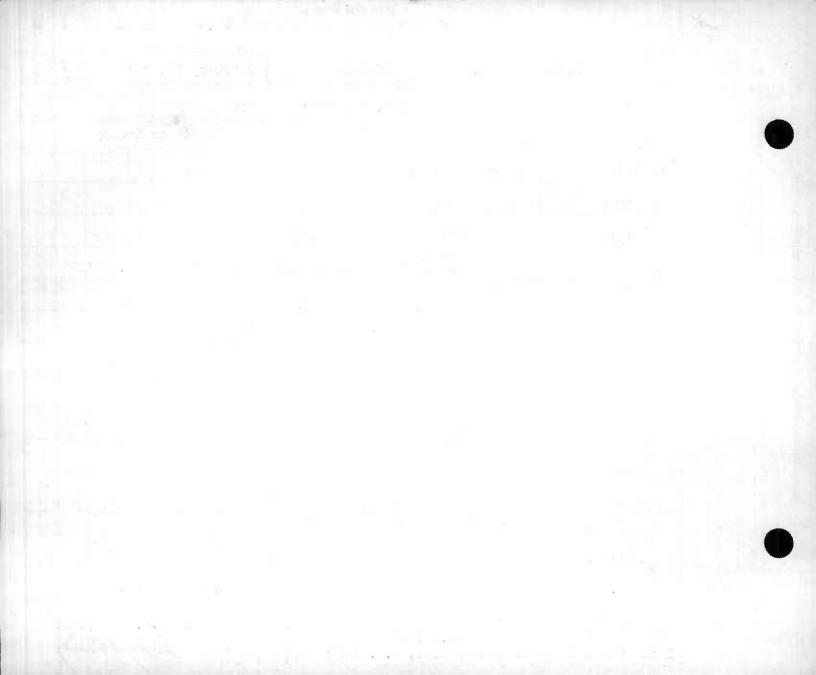
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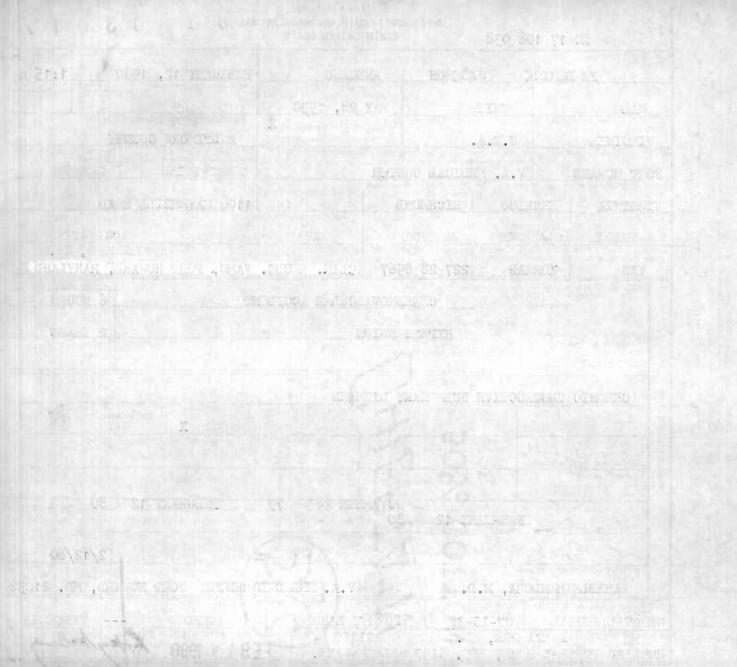
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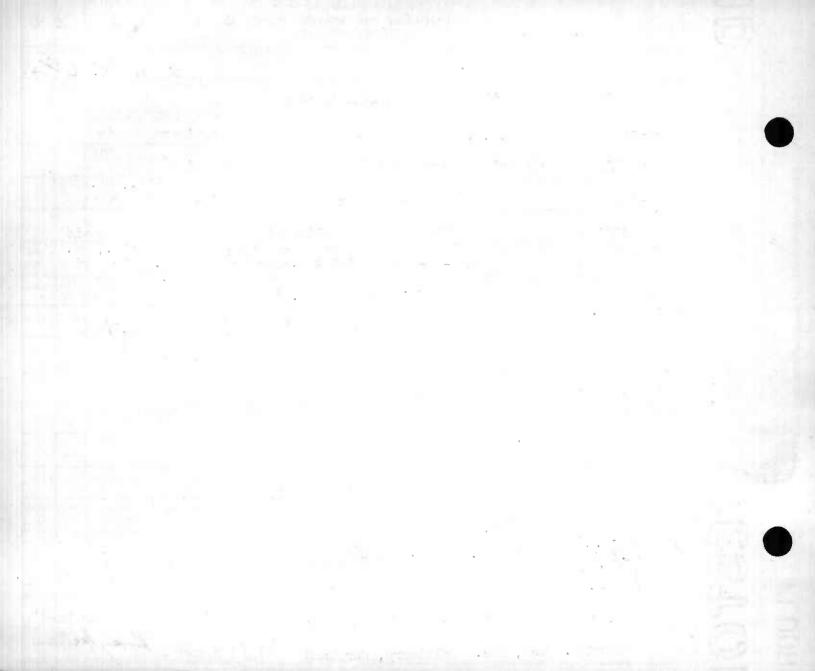


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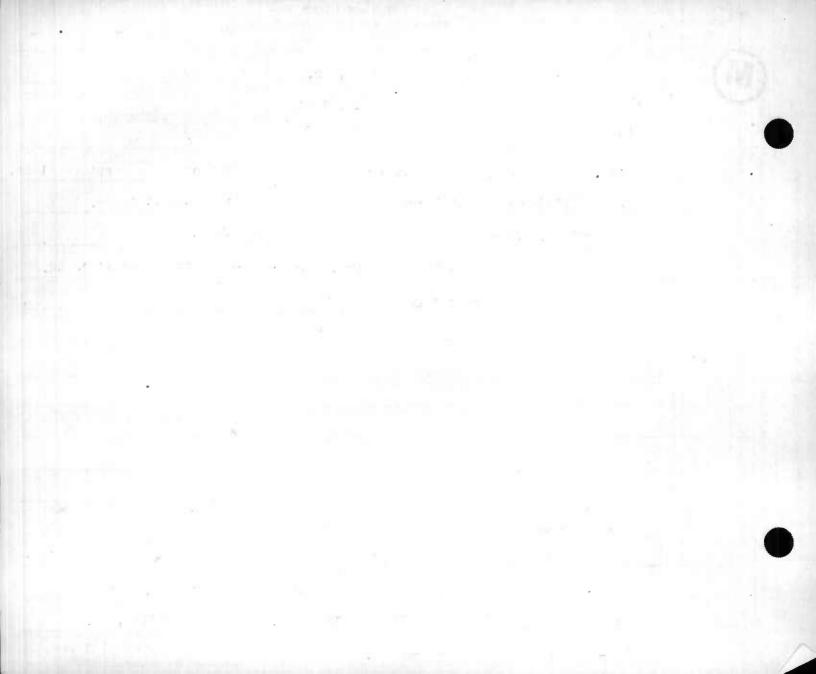
TO HOSPITAL CENATIONING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

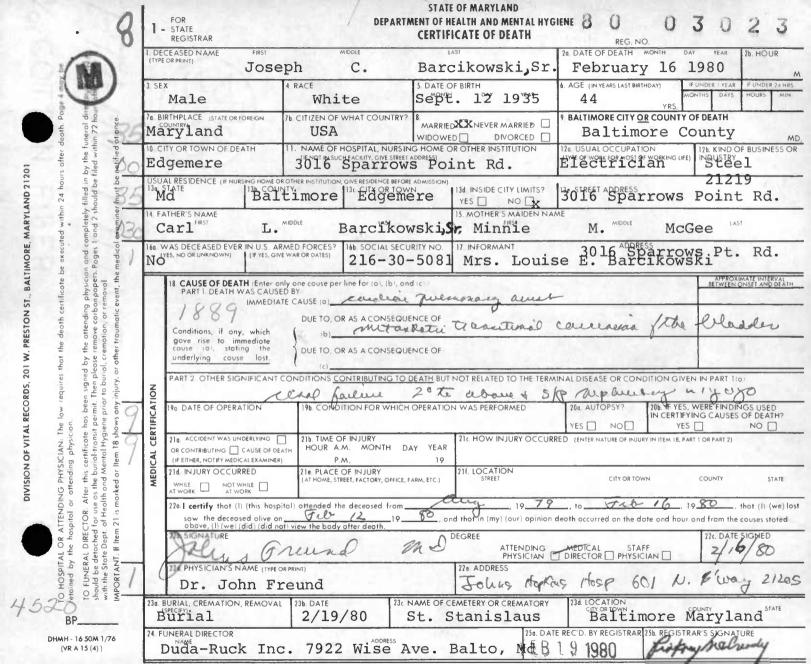
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160 WAS DECEASED EX (YES, NO OR UNKNOWN)	/ER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 220-64-2324	Violet E. Ja	chter: ADDRESS ASper 2804 E.	Balt., Md. 21214 Cold Spring Lane
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sow the dec	(I) (this hospital) attended the	11/19/20	and that in (my) (our) opinion of	death accurred on the date and	haur and from the couses stated
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BP. 230 BURIAL, CREMATIC	,		Redeemer	23d LOCATION CITY OF TOWN Baltimore	COUNTY Maryland
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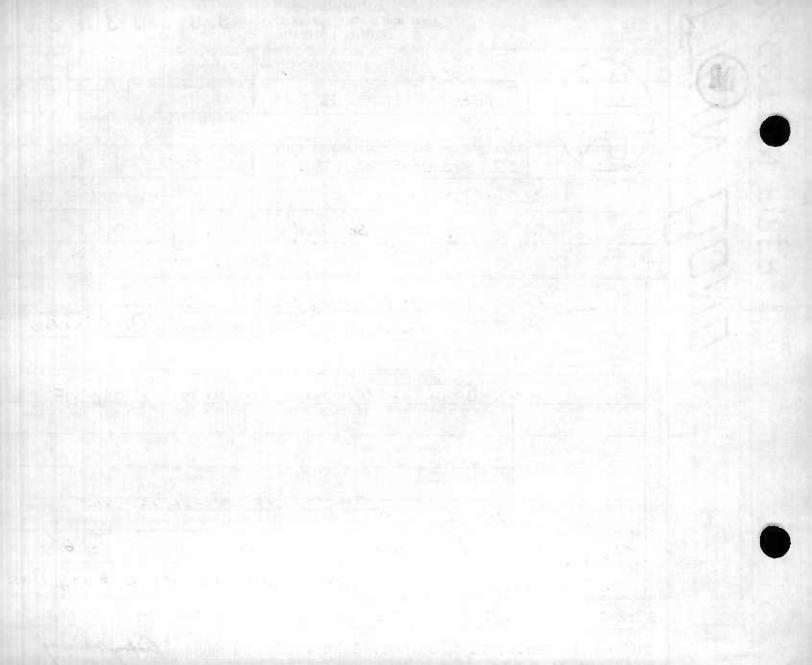


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Burial 2/9/1980 Church Cemetery West Point, Virginia 24 FUNERAL DIRECTOR NAME ADDRESS 736. NAME OF CEMETERY OR CREMATORY (170 ATON) CITY OF TOWN CITY OF TOWN COUNTY West Point, Virginia 256. Date REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE	- -		À	intos	M	ATTENDING PHYSICIAN [FF V	2/2/8
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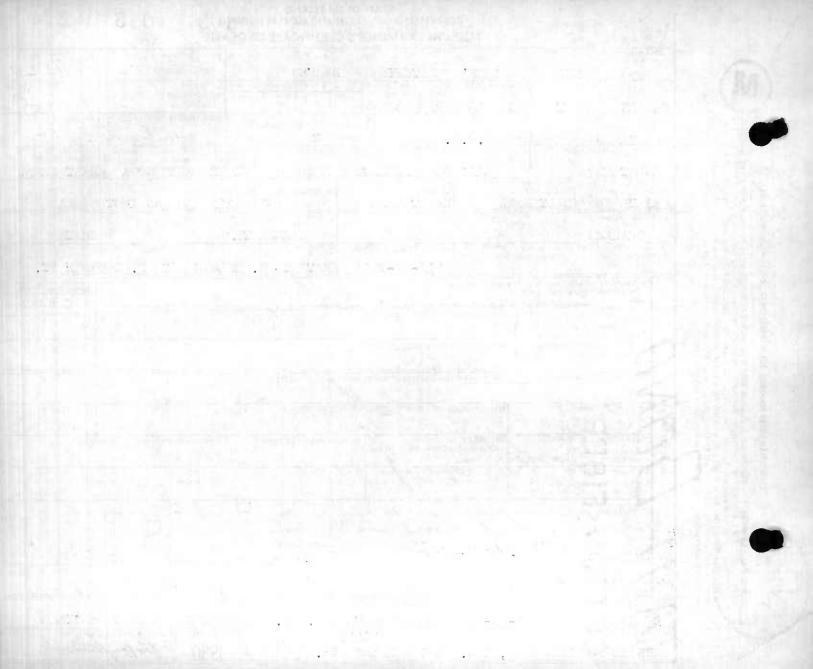
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15	1	FOR			PART		F MARYLAND LTH AND MENTA	HYGIÉNE ()	0.3	024
7	1-	STATE REGISTRAR					S CERTIFICATE	Contract Con	REG. NO.	· ·
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A STEP	USU			OR OTHER INSTITUTION, GR	VE RESIDENCE		13d. INSIDE CITY LIMIT			KEDIAGKAKI
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ISTON ST. HIN 24 HO IN ITEM 1 A ALONG SIT PERMIT HYGIENE,		42	72	DUE TO, OR	AS A CON	ISEQUENCE OF				1
PRES VITH NER ANS ANS AOV		gave r	ons, if any, which ise to immediate	e / (b)						
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AL REC HOULD IN PEN HIEF M HIEF M HIE	CERTIFICATION	19a. DATE O	FOPERATION	19b. CONDIT	ION FOR	WHICH OPERATIO	N WAS PERFORMED?			20. AUTOPSY?
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/ISION FERTIFIC FING TH FING TH S S HOU PER ARTI	MEDICAL	CONTRIBUT	G OR ING CAUSE OF	DEATH P.M.		19 (AT HOME. 21f	LOCATION			
DIVI IS CEI IRITIN IR DE DE 3 IE DE II	ME	WHILE	NOT WHILE	STREET, FACT	ORY, FARM, E	TC.)	STREET	CITY OR TO	NWO	COUNTY STATE
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TOR.		death resul	110	ge of the remains designed courses	Accident	ve, held on Au	utapsy	ction [, Inquiry		apinian
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ALECHOUR HOUSE	1	ACTUAL SIGNATURE	1.10001	WENT	tm		M.D. PRAVTE	MEDICAL EXA	MINER SIG	
TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STEMBALTIMORE, MARYLAND, 213	2	EXAMINER'S	NAME /	1. IN:11: A	n 0.	25 11-	550	- Posa	Nory C.	4=- 12
TO M EXECT PO FL BALTI	23a. P	(TYPE OR PR	ATION, REMOVAL	23h DATE	230	NAME OF CEMETER	ADDRESS OF CREMATORY	123d. LOCATION	104 511	KE MV.
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DHMH - 17	24. F	UNERAL DIRE		ADDRESS		212	29 25c. DA	TE REC'D. BY REGISTR		SSIGNATURE
(VR A15 ME (5)) 30M 7/73	HU	BBARD	FUNERAL	HOME, INC.	410	7 WILKENS	AVE.	B 4 1980	frofte	Schooly



	1	FOR		TE OF MARYLAND HEALTH AND MENTAL HYO	HEME & A	03025
	1	STATE REGISTRAR		FICATE OF DEATH	REG. NO.	0 0 0 %
		CEASED NAME FIRST	MIDDLE	LAST	28 DATE OF DEATH MO	-0
		Alice	Louise	BARNHART	2	26 80 800
9	3 SE	F	RACE S DATE MON	OF BIRTH TH DAY YEAR 1894	6. AGE JIN YEARS LAST BIRTHOA	WONTHS DAYS HOURS I
174	7a B	RTHPLACE ISTATE OR FOREIGN 7	USA USA WIDOW	ED NEVER MARRIED	BALTIMORE CITY OR	
of within	10 0	TOWSON	II. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACTUTY, GIVE STREET ADDRESS) MANOY CARE KUX.	OR OTHER INSTITUTION	12a USUAL OCCUPATION 1TYPE OF WORK FOR MOST OF WI Homemaker	1 126. MIND OF BUSINES ORKING LIFE! INDUSTRY
examiner mus	USU 13a		OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION TY #13c. CITY OR TOWN		lise STREET ADDRESS Box 74 Acorn	Hill Lane
wexa po	14 F.	ATHER'S NAME AUSTIN	MODIE Friedline Friedline Bertha		ME	Slicer
the medic		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) I IF YES, GIVE	AED FORCES? 166 SOCIAL SECURITY NO. 217 12 3806	James A. Ba	ADDRESS	
rior to burial, cremation	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) ONDITIONS CONTRIBUTING TO DEATH BU 196 CONDITION FOR WHICH OPERATE			ION GIVEN IN PART 1(0)
shows	TIFIC	DATE OF OPERATION	The Condition For Which of Error	ON WAS PERI GRAILED	YES NO P	N CERTIFY ING CAUSES OF DEATH
and Mental Hygiene arked or Item 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YEAR		RED JENTER NATURE OF INJURY IN	HITEM 18, PART 1 OR PART 2
th and Mi	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STA
Ched for use as Dept. of Heal		220.1 certify that (I) (this hospits saw the deceased alive an above, (I) (we) (did) (did not 22b. SIGNATURE	view the body after death.	DEGREE ATTENDING	death occurred on the date	ond hour and from the causes sta
T T	1	1 / will				
with the State De		22d. PHYSICIAN'S NAME ITYPE OR		516 Sun L	- L play	saltine he

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	1	FOR STATE REGISTRAR			DEPARTN	ENT OF I	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH		E. NO.	3	0 2	2 6
(BA)		CEASED NAME FIR	ST	٨	MIDDLE		LAST	20 DATE OF DEAT				HOUR ?
TAB		A1	ice	Jo	seph	В	AST		2			8:25
- July 1	1 SE	FEMALE	4 R	WHI	TE	5. DATE (& AGE (IN YEARS LAS	2	MONTHS RS.		F UNDER 24 HRS
RA	C	RTHPLACE ISTATE OR FOREIGN	N 75.0		WHAT COUNTRY?	L	D NEVER MARRIED	BALTIMORE CIT	Y OR COU			MI
tou of 7		SSVILLE	11.	(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GME STREET A NKLIN SQL	G HOME (OR OTHER INSTITUTION	120 USUAL OCCU- (TYPE OF WORK FOR MI RET II	OST OF WORKE	G LIFE INDL	ISTRY	BUSINESS OF
miner min	USU 13a		COUNTY BALT I	ERINSTITUTION, MORE	GIVE RESIDENCE BEFORE 13c. CITY OR TOWE EASTWO	ADMISSION)	13d INSIDE CITY LIMITS?	7232 CON	LEY S	T. # 2	1224	
edical example of the same of	14 F/	ATHER'S NAME FIRST FEL I	X M	CNALLY	LAST		15. MOTHER'S MAIDEN NAME FIRST	ARA HEAL	Y		LAST	
, the med		WAS DECEASED EVER IN U YES, NO OR UNKNOWN] (IF Y	S. ARMED		218-22-4		INFORMANT	EWSKI 1	7232 BALT	CONLE 0, 21	Y ST	MD.
s shows any injury, or other traumatic	CERTIFICATION	Canditians, if any, wh gave rise to immedia cause 101, stating underlying cause 10 PART 2 OTHER SIGNIFIC	ich ote the ost	DUE TO, OI Ib) T DUE TO, OI ICI IDITIONS CC	RAS A CONSEQUE DISTRIBUTING TO D	NCE OF NCE OF	ell carcinoma NOT RELATED TO THE TERM Diabetes Melli N WAS PERFORMED	of bladde	CONDITION	rinary	ART 1(a)	
Jor Item 18		210 ACCIDENT WAS UNDERLY I OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA	OF DEATH	21b. TIME O HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF	INJURY IN ITEA	18, PART 1 OR P.	URT 2)	
marked o	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		21R PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC.)	211 LOCATION STREET	CITY O	RIOWN	COUN	TY	STATE
21 is		22a I certify that (I) (this saw the deceased all above, (I) (we) (did) (on	/25/8(nd that in (my) (aur) opinian (, 10	297 he date and	haur and fro		ot (I) (we) las
state Dept. o		The SIGNATURE	1	11	Bre-		MD ATTENDING PHYSICIAN		STAFF YSICIAN	/	2/29	
with the State [Robert J.					9000 Frank	din Squar	re Dri	ve 2	1237	7
i w	23a	BURIAL, CREMATION, REM SPECIFY) BURIAL		3-3-1	23c N		EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN FREDER	ICK A	COUNTY BA	To.	, MD.
-16 25M 5, 4) 1/79	24 F	NAME S. Seiler	+Son,	Inc.	6224 EAS		WAR. WY	R 5 198	RAR 25b. RE		GNATU	RE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

3 0

	REGISTRAR			CERTIF	ICATE OF DEATH	REG. I	NO.		
	I DECEASED NAME FIRST (TYPE OR PRINT)		WIDOLE	ı	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	FRANK		F	BEAY	ER	FEBRUARY	28.	1980	9:05PM
	3. SEX	4 RACE		S. DATE C	OAY YEAR	6. AGE (IN YEARS LAST B	RTHDAY)	MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN
	Male	Whit	te	Aug	13,1899	80	YRS.	. WONTES OATS	West West
75	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Penna	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	BATTIMO			
58	10. CITY OR TOWN OF DEATH TOWSON	ST. J	OSEPH HO	IG HOME (ADDRESS) SPIT	OR OTHER INSTITUTION	12a. USUAŁ OCCUPA (TYPE OF WORK FOR MOST Crane Oper	TION OF WORKING	12b KIND C	MD. OF BUSINESS OR
35	USUAL RESIDENCE (IF NURSING HOME 130. STATE Md.		130 CITY OF TOW Baltimor	N	13d Inside City Limits? Yes 🔼 NO 🗌	13e STREET ADDRESS 3817 SC	uther	n Avenu	e
00	14 FATHER'S NAME FIRST NOT known	WIDDLE	LAST		15 MOTHER'S MAIDEN N FIRST not know	MIDDLE		LA	ST
2	160 WAS DECEASED EVER IN U.S.		166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDI	RESS		
2	yes WW	Z (VE WAR OR DATES)	299-12-7	7890	Mrs. Gayle M	McDermott 38	17 So	uthern .	Ave.
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last PART 2 OTHER SIGNIFICAN	(c)	DR AS A CONSEQUE	NCE OF	A OF TH			IVEN IN PART 1	0)
2	190 DATE OF OPERATION 197 CF 210. ACCIDENT WAS UNDERLYING	19b. COND	ITION FOR WHICH	OPERATIO N 6	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDIF IFYING CAUSES YES \(\)	
9	OR CONTRIBUTING CAUSE OF	DEATH HOUR A	.M. MONTH DA	-	21c. HOW INJURY OCCU				
3	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
39	220.1 certify that X (this has saw the deceased alive above. X (we) (did) (did)	on FEB	ne deceased from		nd that in (i) (our) opinion	, 10	dote and ha		that X (we) last couses stated
	22b. SIGNATURE	2. 1	un c	N		MEDICAL ST.	AFF ICIAN 🗌	22c. DATE	SIGNED
1	TAUSTU G	NA	uiro.	JR	8713 H	AP FORT	R	D. 2	1234
1	230. BURIAL, CREMATION, REMOV	AL 23b. DATE		NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN Baltimo	re	COUNTY	Md. STATE

DHMH - 16 50M 1/76

24 FUNERAL DIRECTOR

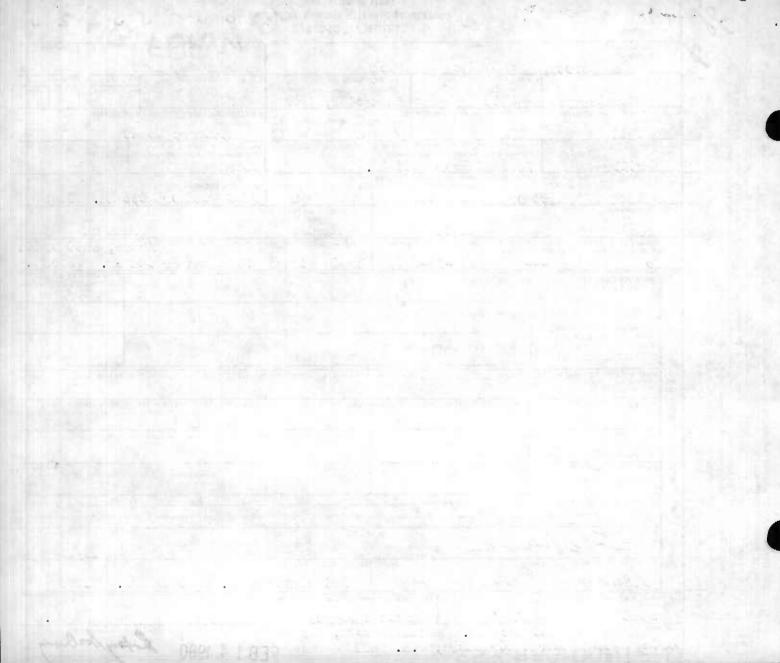
**Teonard J. Ruck Inc. Ball'imore, Maryland (VR A 15 (4))

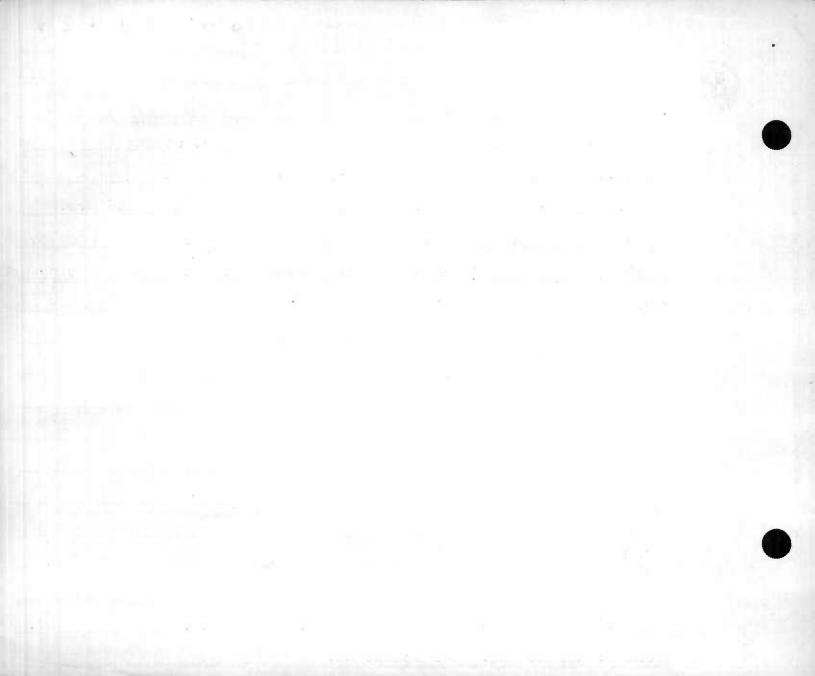
Burial

256. DATE REC'D, BY REGISTRAR 25 TO THE ARTS AND THE MAR 3 1980

TOWNED SERVICE IAPPEREN TOESON . III 21 28 28 28 20 1 2 28 28 1 80 EEE 28 1 80 EEE

21133





DIVISION OF VITAL RECORDS, 201 W. PRESTOI

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be etained by the haspital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the funeral director, processhould be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be filed within 72 hours office with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

medical exomi

IMPORTANT: If Item 21 is morked ar Item 18 shaws ony injury, or ather traumotic event, the

	FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENB	Ö REG. N	0	3	0	3	-
V	1 DECEASED NAME	FIRST TSARE IN MIDDLE	LARIE NIME R	20 DATE	OF DEATH	MONTH	DAY	VEAD	25 14	7

	-	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		
		EASED NAME FIRST	SABETH	WIDDLE		ABENNER	20 DATE OF DEATH	HTMOM	DAY YEAR	26. HOUR
		Elisaber	h		50	2NNEB	2 -1	6 -	80	9-AM
ì	3 SEX		4 RACE	ET A	5. DATE C		6. AGE (IN YEARS LAST BIRT	HOAY)	IF UNDER I YEAR	# UNDER 24 HRS
1	Fe	m9/E	whi-	le) (23-04	What has	S YRS.	MONTHS DAYS	HOURS MIN
1	CO	THPLACE (STATE OR FOREIGN UNITRY)		WHAT COUNTRY?	MARRIE	D NEVER MARRIED (3	9. BALTIMORE CITY O	R COUNT	Y OF DEATH	
>	- 6-	ryland	USA	1	WIDOWE	D DIVORCED	Baltimore	e Cl	Dunty	MD.
		Y OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120. USUAL OCCUPATI			F BUSINESS OR
)	Li	atonsville	Shano	OCI-LAY	nurs	mc Enter	Teacher			o City
	13a S	RESIDENCE (IF NURSING HOMEOR TATE HOME OF HOME	1TY	13c CITY OR TOWN	N	138, INSIDE CITY LIMITS? YES NOXX	13e. STREET ADDRESS 9113 E.	Stayma	an Driv	e
	14.FA	THER'S NAME	7-1			15 MOTHER'S MAIDEN NAM				
1		Conrad	MIDDLE	Benner		Olga	MIDDLE		Ern.	i
		AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE		0.1	-
	n		. TAR OR DAILS)	214-40-4	1326	Mrs. Olga Sc	cheffel, 91	13 E S	Stayman	Dr.
1		18 CAUSE OF DEATH (Enter an	ly ane cause per	line far (a), (b), one	dic				APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
1		PART I. DEATH WAS CAUSE 1MMEDIAT	D BY: [E CAUSE (a)	Respire	atues	y fullur	e			
		3589	DUE TO, O	R AS A CONSEQUE	NCE OF	relux dis		,		
		Canditions, if ony, which	((b)_d	heurop	nus	ruleur des	e use zins	ence	Co	
		gave rise to immediate cause (a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF		chology			
		underlying couse last.	(Ic)				/			
	z	PART 2. OTHER SIGNIFICANT C	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	VEN IN PART 1	01
	CERTIFICATION	19a DATE OF OPERATION	TION COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	205 IF YE	S, WERE FINDI	NGS LISED
ı	FIC	THE DATE OF OPERATION	178. COND	mort or which	OFERATIO	14 WASTERI ORMED		IN CERTI	FYING CAUSES	OF DEATH?
-	ER	21a, ACCIDENT WAS UNDERLYING	216. TIME C	OF IN HIRY		21c HOW INJURY OCCURR	YES NO	_	ES D	NOVE
)		OR CONTRIBUTING CAUSE OF DEA	110110 1		Y YEAR	THE HOW INSORT OCCORN	LED (ENTER NATIONE OF INJUI	CI IN IIEM ID.	PART I OR PART 2)	
-	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P. 21e. PLACE	M.	19	71f. LOCATION				
	ME	WHILE NOT WHILE		REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TOV	MM	COUNTY	STATE .
		22a I certify that (I) (this hospi	4-1) -44 4-4 4			10 77	2/16		10 80	1
ı		sow the deceased alive on move, (I) (we) (did) (did no	2/1	5 19 6	79.01	nd that in (my) (aur) opinion o	death occurred on the de	ate and hou	ur and fram the	causes stated
		THE SIGNATURE				DEGREE	MEDICAL STAL	E E	22c. DATE	SIGNED
		B. J. minic	hew		M.	ATTENDING PHYSICIAN	MEDICAL STAI		22c. DATE 2//	SIGNED 16/79
		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)	7	M.	ATTENDING PHYSICIAN	DIRECTOR PHYSIC	IAN	270. DATE 2/1	SIGNED 16/79 City,
		22d. PHYSICIAN'S NAME (TYPE O		7	11.	ATTENDING PHYSICIAN	DIRECTOR PHYSIC	IAN	2/1 2/1 1/1/2014 2/10	SIGNED 6/79 City,

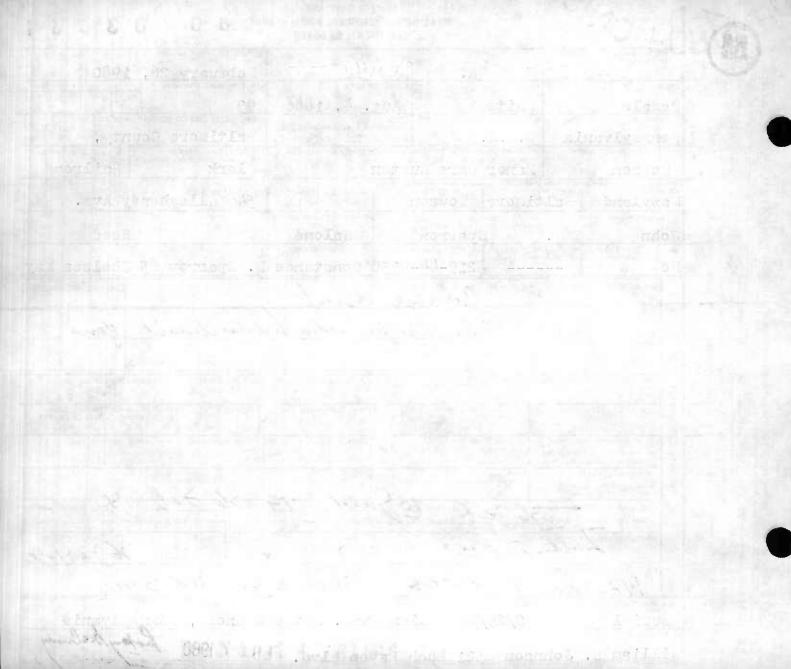
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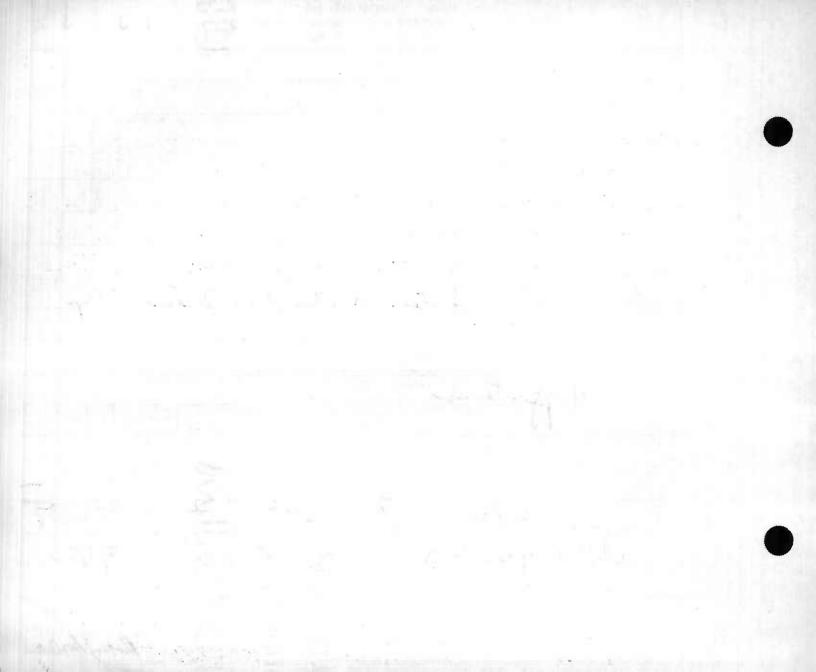
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230 BURIAL, CREMATION, REMOVAL (SPECIFY)

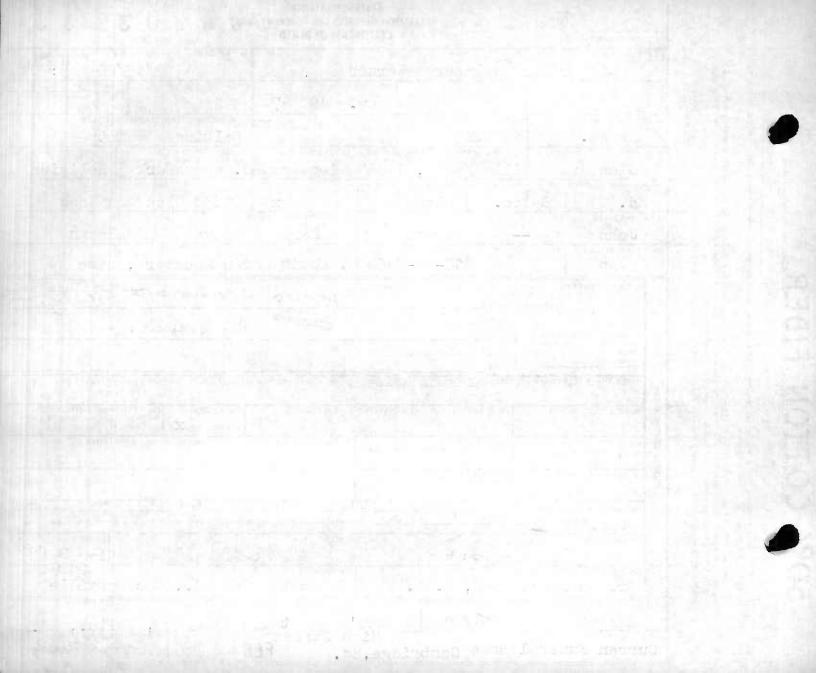
Burial Edition county Baltimore, Maryland 2/19/80 Loudon Park Cemetery Witzke Funeral Home of Catonsville, P.A. 21228

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2a. DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) Sister Mary Salaberga Berner 3/80 5:30A 5 DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS 3. SEX 4 RACE White 6 AGE (IN YEARS LAST BIRTHDAY) Female NOV. 18 84 To. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Penna. Baltimore County WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) la Glen Arm Religion Maria. Housework BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13c STATE 136 COUNTY 13c CITY OR TOWN 136 STREET ADDRESS 11630 Glen Arm Road 113d INSIDE CITY LIMITS? P Balto. Md. en NO K 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE John Mary Eva Barleman Berner 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR HNKNOWN) I HE YES, GIVE WAR OR DATES S. Louis Marie Koesters, same 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ASCUD - Condine and PART I. DEATH WAS CAUSED BY ald as DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF otho underlying cause last. 0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Hem 18 shows NOPA Mental Hygi 216 TIME OF INJURY 71a. ACCIDENT WAS UNDERLYING 21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 0 211. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE WHILE 22a.1 certify that (1) (this hospital) ottended the deceased fram .19 <u>Quo</u>, and that in (my) (a) apinion death accurred on the date and haur and from the couses stated saw the deceased alive on above, waw (did) (did) 22b. SIGNATURE DEGREE 22¢ DATE SIGNED Feel 13, 1980 MEDICAL + ATTENDING should be deta Wast. PHYSICIAN DIRECTOR PHYSICIAN FUNERAL MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Scott Adam Rd., Cockeysville Dr. Lawrence Boas, M. D. 236. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Burial Sister's Cemebery Glen Arm. ADDRESS ON High Street DATE RECD. BY REGISTRAR 256. RECOTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH-16 60M 1/73 Curran Funeral Home Cambridge, Md. sistory McCready (VR A 15 (4))



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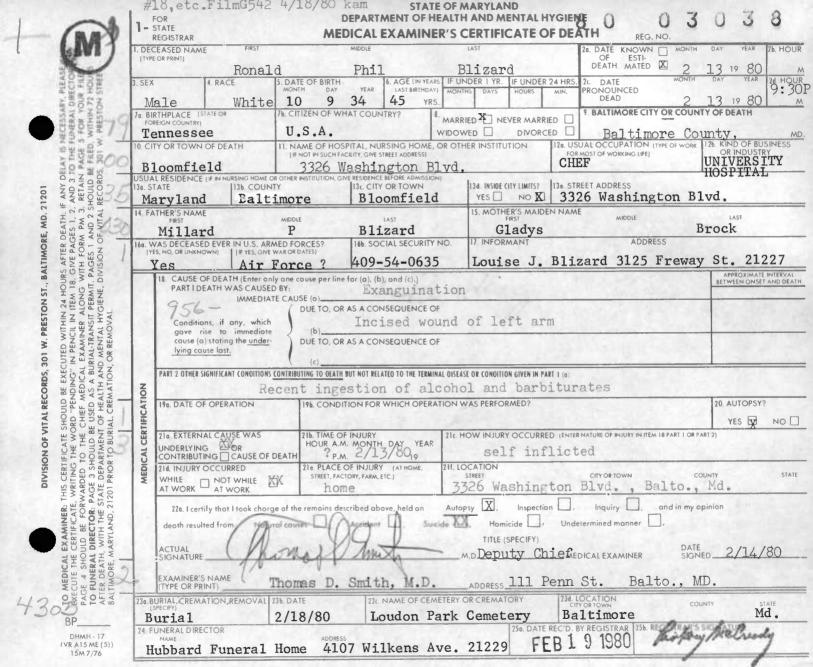
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LREC	HOULD I	CERTIFICATION	190. DATE OF OPERAT	ION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED?			20. AUTOPSY	?
VITA		TIFIC								YES 🗆	NO 🗆
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	NER: 1 CATE, FORV TOR: P THE ST ND, 21:		22a. 1 certify that 1 t	ook charge af t	he remains described obc	ove, held an A	otopsy , Inspec	tian , Inquiry	and in my o	pinion	1
3	EXAMINE CERTIFICA JID BE FO DIRECTOI WITH THI ARYLAND		, deoth resulted from:	Notural con	uses Accident	, Suicide	L., Homicide L	. Undetermined mo	nner .		
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	TO MEDICAL EXECUTE THE PAGE 4 SHOU TO FUNERAL AFTER DEATH, BALTIMORE, M	-	EXAMINER'S NAME (TYPE OR PRINT)	ESTE	RNKE	LAGAL	ADDRESS 6 8	21 Kac	esterat	n ap	
	PACT AFT BALL	23a. BI	JRIAL, CREMATION, RE	MOVAL 236. DA	ATE 23c. 1	NAME OF CEMETE	Y OR CREMATORY	23d LOCATION	for co	UNTY (A)	TATE /
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MARYL	ed within	14 F	ATHER'S NAME FIRST	MIDDLE	EVINS	15. MOTHER'S MAIDEN NAM	E		LAST	_
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	spitol ar Spitol ar CTOR: Aft for use o of Health		220.1 certify that (I) (this haspi saw the deceased alive an above, (I) (we) (did) (did no	tal) attended the deceased 02/21	1 from 80 . o	02/14	eoth occurred on the do	2 198 ite and hour and	, mo	t (I) (<u>we</u>) lost uses stoted
	the hor AL DIRECTOR AL DIRECTOR TO POPT.		22b. SIGNATURE	-		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F _	02/	21/80
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	TO HOSPITAL retained by the TO FUNERAL should be deto with the State I IMPORTANT: If		DR. K. KAT	RIB		GREATER BAI	LTIMORE M	EDICAL	CENT	ER
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STATE OF MARYLAND DEDARTMENT OF HEALTH AND MENTAL HYCICHE

- STATE REGISTRAR	VII A	CERTIFICATE OF DEATH	REG. NO.	0 0	
1. DECEASED NAME FIRS	T MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR	26 HQUE
ERNE	ST I.	BOONE Jr	FEBRUARY 3.1	1980	10 a
3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Male	White	March 8, 1907	72 YRS.	MONTHS DAYS	HOURS MIN
Jo. BIRTHPLACE ISTATE OR FOREIGN COUNTRY Maryland	76 CITIZEN OF WHAT COUNTS	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
Maryland	U.S.A.	WIDOWED DIVORCED	BALTIMORE CO	JNTY	M
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NUR	SING HOME OR OTHER INSTITUTION	12n LISUAL OCCUPATION		E BLISINESS OF

YES 🗌

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TOWSON SAINT JOSEPH HOSPITAL JSUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

Baltimore

WAS DECEASED EVER IN U.S. ARMED FORCES

OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

(IF EITHER, NOTIFY MEDICAL EXAMINER)

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(IF YES, GIVE WAR OR DATES)

Maryland

4 FATHER'S NAME

CERTIFICATION

MEDICAL

38

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MPORTANT: If Ite

Ernest

(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

Warehouse Man Gen. Elec Co 13e. STREET ADDRESS

5608 Leiden Rd NO X 15 MOTHER'S MAIDEN NAME MIDDLE

Emma 17 INFORMANT

13d INSIDE CITY LIMITS?

ADDRESS

Arnett

NO OR UNKNOWN) 215-09-8718 Mr Frederick L Boone 1333 Dalton Rd

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PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), and (ED BY). TE CAUSE (o)	Capulan	any	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
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PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DE		RMINAL DISEASE OR CO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

ACCIDENT WAS INDESTRUCT	AND THAT OF INTHERY	21. HOW IN HIS OF CHOOSE	
		VES	
90 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED		

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.

HOUR A.M. MONTH

P.M

21e PLACE OF INJURY

Perry Hall

Boone Sr

166 SOCIAL SECURITY NO

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

COUNTY

COUNTY STATE

22a.1 certify that \(\forall \) (this hospital) attended the deceased from saw the deceated olive on FEBRUARY 3 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

21f LOCATION

22b. 51G-NA DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ATTENDING

> 22e. ADDRESS 1207 York

23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY)
Burial 2/6/80

24 FUNERAL DIRECTOR Leonard J Ruck Inc. Baltimore, Maryland

FFB 4

Parkwood

25a. DATE REC'D, BY REGISTRAR 25b. RES

CITY OR TOWN

Baltimore, Maryland

STATE

DHMH - 16 50M 1/76 (VR A 15 (4))

COST C WINDS TO THE SPECIES

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

DHMH-16 25M (VRA 15, 4) 1/79

DEPARTMENT OF HEALTH AND MENTAL HYGIENE & FOR - STATE CERTIFICATE OF DEATH REGISTRAR AN IDDI F DECEASED NAME MONTH YEAR 2h HOUR AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 85 YRS **BALTIMORE CITY OR COUNTY OF DEATH** Balto, Country 12h, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker Own Home 2133 Buell Drive Simmons ADDRESS Gloria M. Coster, Same AS #13e APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN STATE COUNTY , and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated 22c. DATE SIGNED STAFF DIRECTOR PHYSICIAN Baltimore, Maryland 250. DATE REC'D. BY REGISTRAR 250. REGISTAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS 1050 York Rd.

1 24 25 326 M 4 200 A 226



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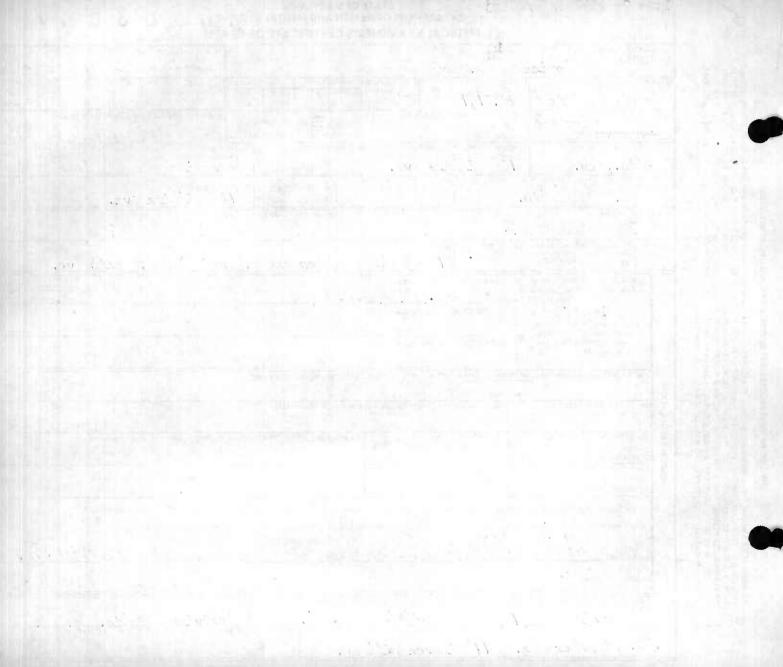
1/	MARTLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1 4 5
MEALTH DEPT.	1. DECEASED-NAME First Middle last 20 DATE KNOWNED Month D.	Yeor 2b. HOUR
GAN	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In yours I F UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	1980 4 AM 2d. HOUR
Fige 5	Male White May 15, 1899 8 Cyrs Married 9. COUNTY OF DEATH	1980 2.PM
PASS TO STATE OF THE STATE OF T	Country) Maryland U.S.A. WIDOWED DIVORCED Baltimore County 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 1/20, USUAL OCCUPATION (Kind of work done 1867)	1910.
Md. 21201 in 24 hours iii in Item II with form P	Baltimore County 92814220dd Tennessee Ave. during Chiadilleur work to the state of	Notobeusiness or ensit
RE, Md. within 24 within 24 ong with	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before Ring Dates admission) STATE Md. 13Bartimore Council YES NO 2812 Tennessee	21227
TIMOR scuted w ng' in p ffice olo	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Last
BALTIMORE, be executed with pending" in pending" in pener's Office olong. I and 2 with the	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 13-05-9352 Mr. William Bowen (as above)	
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201 TO DEPUTY MEDICAL EXAMINER: This certificote should be executed within 24 hours only deloy is necessory, pleose execute the certificote, writing the word "pending" in pencil in Item 18. Give Punciol director. Page 4 should be forworded to the Chief Medical Examiner's Office along with form PM3. Page 'your files. DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Department of cremation, or removal, and in any event within 72 hours ofter death.	18 CAUSE OF DEATH (Enter only one course per line for (a) (b) and (c)	APPROXIMATÉ INTERVAL TWÉEN ONSET AND DEATH
OF VITAL RECORDS Y MEDICAL EXAMI , please execute the call the ca	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.)	O. AUTOPSY?
IN OF VITAL RECOUTY MEDICAL EX Ory, please execute e 4 should be forw should be used as vol, and in any eve	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. 21b. TIME OF INJURY Manth, Doy, Year HOUR A.M. 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.)	
SION OI SEDUTY SESSORY, P Poge 4 s Poge 4 s emovol,	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK A	Y Stote
ony deloy i your files. DIRECTOR	220. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry of death resulted from: Natural couses , Accident , Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER 22b. DATE SIGNED	nd in my opinion
r deoth. If 3 to the fu etoined for FUNERAL r to buriol	NAME (Type) CONRADO FERRERO ADDRESS(Street, city, tawn, or county)	
ofter deoth ond 3 to th be ratoined TO FUNER	230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial 23d. LOCATION (City or Town) Burial Mary	and (State)
430/ VRA15ME (5) 8M-1/70	24. FUNERAL DIRECTOR ADDRESS 21229 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATULE	
1	G. Truman Schwab 3512 Frederick Ave. DATE EBO 7 1980 history Re	7

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66	1-	FOR STATE REGISTRAR				MENT OF H	E OF MARYLANI EALTH AND MEI ICATE OF DEA	NTAL HYG	IENE 8	REG. NO.	0 3 0	4 6)
ay be age 3 death	I DEC	DEPRINT DORIS	FIRST	É	AIDDLE	BOYD	AST		2 - 1	8 80	DAY YEAR	21. HOUR 2:4	5 P.
ge 4 mo ectòr, po irs ofter o	3 SEX	FEMALE		4 RACE WH I	TE	5 DATE C		22	6 AGE IIN YEAR		MONTHS DAY	YS HOURS A	IRS
deam Poureral distriction of once.	Pe	THPLACE (STATE OR FOR UNTRY) nnsylvan:	ia	U.	WHAT COUNTRY	WIDOWE		RCED 🗌	BALTO	. COU	NTY ,		MD.
by the fiftiled with	TO	WSON, MD		G.BorMuc	CILITY, GIVE STREE	T ADDRESS)	OR OTHER INSTITU	JTION	12m USUAL OF (TYPE OF WORK F Secre	OR MOST OF WORK	ING LIFE) INDUSTE	or Business RY Deale:	
in 24 hour filled in hould be	Ma	ryland	136 COUN	other institution ity	13c CITY OR TO	WN		0 🗌		DRESS TOW	nhill F	Rd. 21	234
completel		Ralph		AIDDLE	Myers		15 MOTHER'S M	nch		MIDDLE	Air	rgood	
be executed on an analysis of the second of	{Y	AS DECEASED EVER II S, NO OR UNKNOWN] NO		WED FORCES? WAR OR DATES]	166 SOCIAL SEC 183–18–		Richar		Boyd,	ADDRESS 2101C	Townhi	lll Rd	•
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours rattending physician and completely filled in by as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be fill the and Mental Hygiene prior to burial, cremation, or removal. or them 18 shows any injury, or other traumatic event, the medical examiner must be after the arms of them.	Z	Canditions, if any, gove rise to imm cause to stating underlying cause	which ediate the	DUE TO, OI DUE TO, OI DUE TO, OI (c)	CARCIA CANCER RAS A CONSEQU	IOMATO	HE COL		NAL DISEASE	DR CONDITION	2	OXIMATE INTERVAL EN ONSET AND DEA YEARS	TH.
TAL RECOR	CERTIFICATION	90 DATE OF OPERATI				H OPERATIO	N WAS PERFORM			NA IN C	IF YES, WERE FINI ERTIFYING CAUS YES []	NO _	
ON: A ON: A PROPERTY OF STREET	MEDICAL	21a. ACCIDENT WAS UNDED OR CONTRIBUTING CALL (IF EITHER, NOTIFY MEDICAL 21d INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK 22a.1 certify that (IA) saw the decases above. (Ia)	AUSE OF DEA' L EXAMINER) ED LE	HOUR A. P. 21e PLACE (AT HOME, STR	M. MONTH [M. DF INJURY EET, FACTORY, OFFICE, deceased from,	2-16	211 LOCATION STREET	198	O. to 2.	ITY OR TOWN	COUNTY	STATE	last
TO HOSPITAL CHASTITE TO FUNERAL DIRECTO should be detached for with the State Dept. of		22b. SIGNATURE	ME (TYPE ON	2.19	M.D.		DEGREE ATTE PHY 220 ADDRESS	ENDING YSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIANX	22c. DA	8-80	_
DHMH-16 20M (VRA 15, 4) 7/78	RO	URIAL, CREMATION, R Burial HEAPPRECEDE 09 Harfo	ALTE	NBURG	1,1980 FUNERAI	Dula:	emetery or cre ney Val E, INC.	MATORY ley	73d. LOCAT CITY OR T Timo	on nium:	COUNTY Balto.	STATE Md.	

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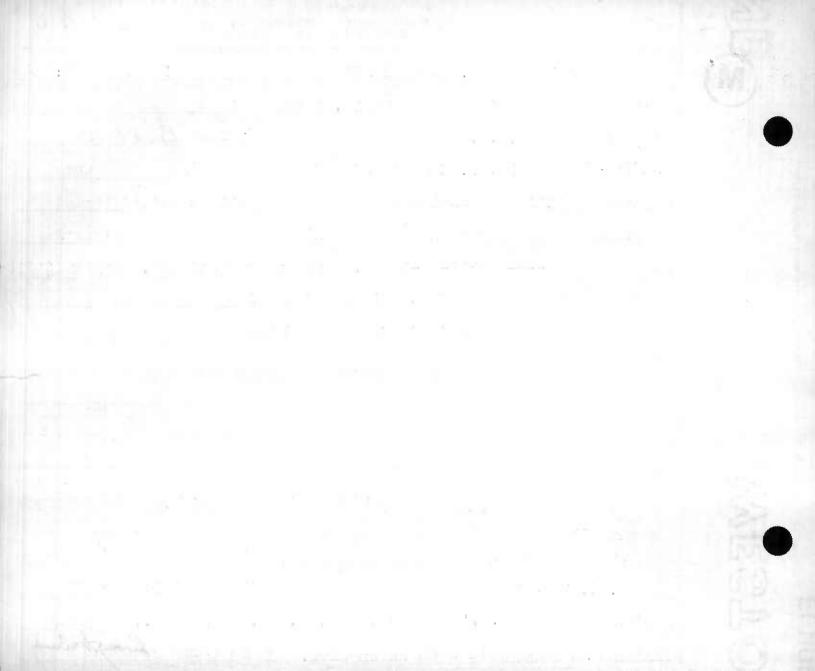
113	5		em 7a g541 FOR STATE	3/28/8	go gj	DEPART	STAT MENT OF I		ARYLAN I AND MI		GENE	. (3	0 4	7
11.			REGISTRAR		MEI		EXAMIN	ER'S	CERTIFIC	CATE OF	DEATH	REG	. NO.		113.5
7	a. v, ⊗ ⊢,		CEASED NAME E OR PRINT)	FIRST	9	Loud		Her	LAST			ATE KNOWN OF ESTI- ATH MATED		DAY YEAR	26 HOUR
K PIEA	UN FILES.	3. SE	, ,	ite 5.	DATE OF BIRTH	YEAR	6 AGE (IN YEA	Y) MONT		IF UNDER 2	MIN PRON	OUNCED DE AD	MONTH	DAY YEAR // 1980	2d HOUR
	1999	7a B	RTHPLACE (STATEOR REIGN COUNTRY) Mary	71	b. CITIZEN OF WH	IAT COUN	TRY?	9	and the same of th	VER MARRIEI	D . 9. BA	4	Y OR COUN	NTY OF DEATH	1/2 M
Z S Z	A SEE SEE	1D. C	TY OR TOWN OF DEA	TH 1	T. NAME OF HOS						12a. USUAL O	WORKING LIFE)	(TYPE OF WORK	OR INDUS	USINES!
21201 IF ANY DE	AND 3 TO THE RETAIN PAGE 5 HOULD BE FILED PAGE 5 30-TW		AL RESIDENCE (IF IN NUR TATE	SING HOME OR O	OTHER INSTITUTION, GI	E RESIDENCE	BEFORE ADMISSION OR TOWN)N)	13d INSIDE CI	TY LIMITS?	13e. STREET AL	-	1 Ave.	home	
, MD, 21	PM 3. 40 2 SH VITAL R	14. F/	ATHER'S NAME		MIDDLE	2	LAST		15. MOTHE	R'S MAIDEN	NAME	MIDDLE	2	LAST	
BALTIMORE, MD. JRS AFTER DEATH.	H FORM GES 1 AT SION OF	16a. \	VAS DECEASED EVER I	N U.S. ARME (IF YES, GIVE WA	D FORCES?	16b. SOC 215	O3 642	'NO.	17. INFORM	lone 1	. Loyd	ADDR	ESS Con	ith Ave.	
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BA S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS	ING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO OLGAL EXAMINER ALONG WITH FORM MA. 3. RETAIN PORTAIN BURIAL: READING PRICES 1 AND 2 SHOULD BE A AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, TION, OR REMOVAL.		18 CAUSE OF DEATH PART I DEATH WA Canditions, if a gave rise ta cause (a) stating lying cause last.	AS CAUSED B IMMEDIATE (ny, which immediate the <u>under</u> -	(b)	AS A CON	SEQUENCE C)F						APPROXIMA BETWEEN ONS	ATE INTERVAL
ITAL RECORDS,	HEF MET JSED AS F HEALT	CERTIFICATION	PART 2 OTHER SIGNIFICANT				TED TO THE TERMI				1 (a).			20. AUTOPS	
IVISION OF VIT	0	CALCERT	210. EXTERNAL CAUS UNDERLYING CONTRIBUTING C	OR	21b. TIME OF HOUR A.M	. MONTH	DAY YEAR	21c. H	YAULMI WC	OCCURRED	LENTER NATURE	OF INJURY IN ITEA	A 18 PART 1 OR P	YES L	№ Ы
DIVISION THIS CERT	CATE, WRITING THE WC CORWARDED TO THE OR: PAGE 3 SHOULD B THE STATE DEPARTMENT VD, 21201 PRIOR TO BUR	MEDICAL	21d. INJURY OCCURR WHILE NOT V AT WORK AT W	WHILE	21e. PLACE C STREET, FACT	OF INJURY ORY, FARM, ET	(AT HOME,		CATION		СПУ	OR TOWN	C	OUNTY	STATE
DICAL EXAMINER: 1	EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21;		death resulted from:	Hajural		Accident		Autap	Hamic	ide .	Undetermine MEDICAL E		and in my o	2/11	180
10 MEI	PAGE A TO FUN AFTER I	23a.B	(TYPE OR PRINT) URIAL, CREMATION, RE	MOVAL 23h	DATE DATE	Am.	NAME OF CEA	AETERY O	ADDRESS_	235 DRY	236. LOCATH	270 (VAG	L CIKE Z	-1228 STATE
4001 8	3P		buria.	1. 2	115/80	₩.	estvieu	n Men				vien	Bolto	2. 0. 1	JAIR
(VI	DHMH - 17 R A15 ME (5)) 30M 7/73	24. F	NAME. Stans	ury In	2. 64/1	inds	on Mil	L Rd.		250. DATE RE	EB 1 4	1980 1980	EGISTRAR'S	SIGNATURE	woody



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

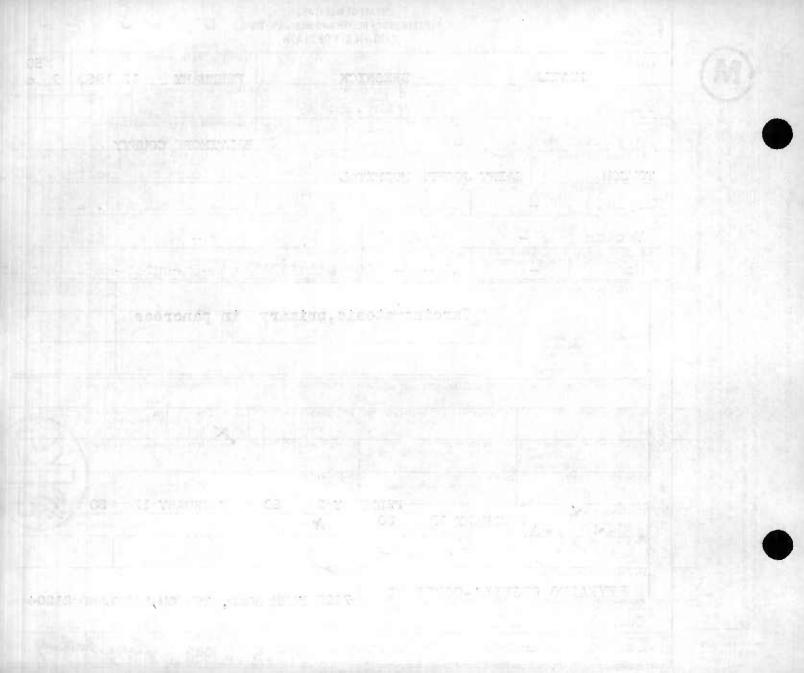


	1			STATE OF MARYLAND	24 65	and the same	A 190					
-	1	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		030	4 9					
MA I	1.00	CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	NTH DAY YEAR	25 110110					
FARE]		E OR PRINT)	- Induction				26. HOUR 9:30 _					
		Edward	Yates	BRASHEARS	February 2,	1980	E UNDER 24 HRS					
14 4	3 SE	X AA	4 RACE	S DATE OF BIRTH MONTH O O O O O O O O O O O O O	6. AGE JIN YEARS LAST BIRTHDA	MONTHS CAYS	HOURS MIN					
and and	7. 0	INTHOLACE TO MANAGE	VV	1,76,4	9 BALTIMORE CITY OR C	YRS.						
10 mg		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTE	MARRIED WEVER MARRIED								
500		mp.	V 3/7	WIDOWED DIVORCED	, Dett office o	ounty	MD.					
d within	10.0	ROSSVILLE	III. NAME OF HOSPITAL, NUR I IF NOT IN SUCH FACILITY, GIVE STI FRANKLI		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	ORKING LIFET INDUSTRY	ATOR					
in by	ÜŚL	AL RESIDENCE HE NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION)		11,17-71	, ,					
should be	130.	STATE 136 COUR	ALTO ESSE		13R. STREET ADDRESS	ARYLAND						
way.	14. F	ATHER'S NAME	7610 12356	15 MOTHER'S MAIDEN N		The L						
		FIRST Q Q	MIDDLE LAST	FIRST	MIDDLE	OA CHOAS						
medical 3	1/2	WAS DECEASED EVER IN U.S. AR	ASHEARS	CURITY NO 17 INFORMANT	ADDRESS	RASHEAR						
the m			E WAR OR DATES	0.1	ASHEARS 12	BELAIRE	MANIS					
- E		T	nly one cause per line far (a), (b),	andies			MATE INTERVAL					
remova stic eve		PART I. DEATH WAS CAUSE	ED BY TE CAUSE (0) Cardioni									
on, or rem traumatic		1/ A O G	-									
		Conditions, if any, which (the Chronic Renal Failure with Uremia										
or other		gave rise to immediate			отенца							
. 0	1	underlying cause last	DUE TO, OR AS A CONSE	QUENCE OF al Atherosclerotic V	Jacquilan Dicon	CO						
injury,		BART 2 OTHER SIGNIEICANT		O DEATH BUT NOT RELATED TO THE TER								
>	Z		THE PART OF THE PA									
Hygiene prior m 18 shows an	CERTIFICATION	19g DATE OF OPERATION	lemia (2) Hyper	tension (3) Chronic	20g AUTOPSY? 20	M. IF YES, WERE FINDIN	Sease GS USED					
shows	5					CERTIFYING CAUSES	OF DEATH?					
_∞ —		710 ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	171; HOW IN HIRY OCCU	YES NOS	YES	NO 🗌					
or Item		OR CONTRIBUTING CAUSE OF DE		DAY YEAR	I ENIER MATORE OF INJURY IN	TEM IB, PART I OR PART 2)						
ă	٥	I IF EITHER, NOTIFY MEDICAL EXAMINER		19								
marked	MEDICAL	214 INJURY OCCURRED	2) R PLACE OF INJURY LATHOME, STREET, FACTORY, OFFI	CE, FARM, ETC.) 211 LOCATION STREET	CITY OR FOWN	COUNTY	STATE					
]	AT WORK AT WORK										
21 is		220 I certify that 🔀 (this hasp	ital) attended the deceased fro	January 2			hat (i) (we) lost					
		saw the deceased alive or abave, its (we) (did) (did an	February 2 19 No 1	280 , and that in (m) (aur) opinia	n death accurred on the date	and have and from the c	auses stated					
If Item		226 SIGNATURE	11/	DEGREE		22c. DATE S	GIGNED					
		1 Robert	(1 /Kon	MO ATTENDING PHYSICIAN	MEDICAL STAFF	Feb. 2	2, 1980					
State TANT:	1	224. PHYSICIAN'S NAME ITTE	OR PRINT[22e ADDRESS			,					
with the State		Robert Rose	M D	9000 Frank	lin Square Dri	ive 21237						
ME -	270	BURIAL, CREMATION, REMOVAL		3. NAME OF CEMETERY OR CREMATORY		VG ZIZO1						
	230	SPECIFY	2/5/80	OAK LAWN	CITY OR TOWN	COUNTY	STATE					
_	24 6	BURIAL	1-10-		ATE REC'D. BY REGISTRAR 256.	REGISTRAP'S SIGNIATE	TOF					
1-16 25M	1	NAME NAME	ADDRESS	DIE DUE	FFB 0 6 1980	Jungay /	Cready					

MC VSA VISA SA RADARKAN SA RAD

BURIAL 2/5/80 CAK LAWR BALTO.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 1 AST 20. DATE OF DEATH MONTH 26. HOUSO (TYPE OR PRINT) MATILDA BRESNICK FEBRUARY 1980 3 SEX 4 RACE S. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR Aug. 19, 1916 DAYS HOURS Female White In BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA WIDOWED DIVORCED BALTIMORE COUNTY NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Shop Worker Western Elec TOWSON SAINT JOSEPH HOSPITAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 SUAL RESIDENCE (IF NUMBER ADMISSION) Baltimore a STATE GELINITY 4104 Erdman Ave. 21213 Maryland 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Gellert Victor Bresnick Lvdia 166 SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT (YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 215-10-4308 William Noeth-Executor-same address APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). Carcinomatosis, primary ın pancreas DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse to stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? pri IN CERTIFYING CAUSES OF DEATH? YES T NO I and Mental Hygi 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE WHILE AT WORK **FEBRUARY** 22a | certify that * (this haspital) attended the deceased from sow the deceased alive on FEBRUARY 17 above 1 (we) (did/(did st) view the body after death and that in (pr (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED old be detach ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (NHOWN 22e. ADDRESS REYNALDO ORJUELA-GOMEZ MI 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Burial Baltimore, Zion Lutheran Cem. Schimunek Funeral 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATUSE Brehms Lang DHMH - 16 50M 1/76 (VR A 15 (4))

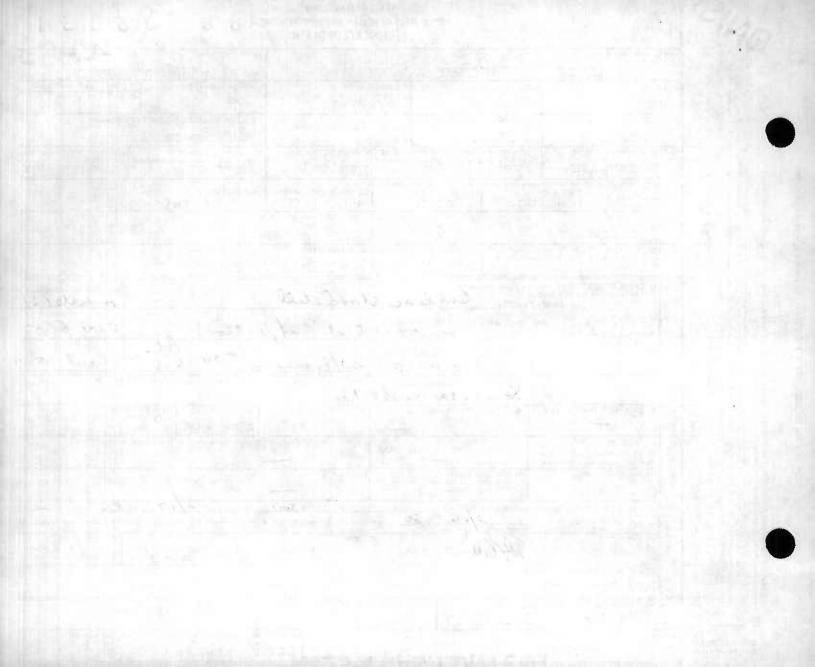


Walter Brooks Bradley Inc. Dundalk, Md. FFR 2 A

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4) 1/79



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affending physici ove carbanpaper

executed within 24 hours oft

certificate

death

	1.	FOR STATE REGISTRAR			DEPARTA	LENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0	3 0	5 2		
		CEASED NAME ORPRINT) RO	FIRST DBERTA		OUISE BRO		CK	Feb. 10, 1980	DAY YEAR	2b. HOUR		
	3 SEX			4 RACE		5 DATE C MONTH Apri	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY) 66 YRS	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS		
35	76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md.			US		WIDOWE		Baltimore Co.,				
00	Baltimore			(IF NOT IN SUC	3 Blenhe	Lm Roa	r other institution ad	17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Secretary	of BUSINESS OR			
35	USU.	AL RESIDENCE (# NURS STATE Md.	13b COUN		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Baltime	N I	134 INSIDE CITY LIMITS? YES NO 🍱	13. STREET ADDRESS 6463 Blenheim	Road			
031	14. F/	THER'S NAME FIRST John		am Brom	elsick		Is. MOTHER'S MAIDEN NA/ FIRST Bertha	a Louise Garmhausen				
1		VAS DECEASED EVER YES, NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)								
		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (b) A ALMEMA ARCHIVEN								MATE INTERVAL ONSET AND DEATH		
		Conditions, if ony, gove rise to immediate (a), stating underlying couse	nediate ng The	(p)	R AS A CONSEQUE							
	NOL							INAL DISEASE OR CONDITION (
2	CERTIFICAT	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		YES, WERE FINDI TIFYING CAUSES YES [
9	-	218. ACCIDENT WAS UNI OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDIC	CAUSE OF DEA	TH HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM I	8, PART 1 OR PART 2)			
	MEDICAL	WHILE NOT WE AT WORK	HILE [7]	21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE		
		22a.1 certify that (1) saw the decease above, (1) (we) (c	ed olive on	That	0 198	O Jon	d that in (my) (our) opinion of	death occurred on the date and t		that (1) (ME) Last couses stated		
		226 SIGNATIONE	ull	Ch %	2/	Mi	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	Z/	SIGNED 2/80		

should be detached for use as with the State Dept-of Health TO FUNERAL DIRECTOR. MPORTANT: H

DHMH-16 20M (VRA 15, 4) 7/78

236. DATE 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

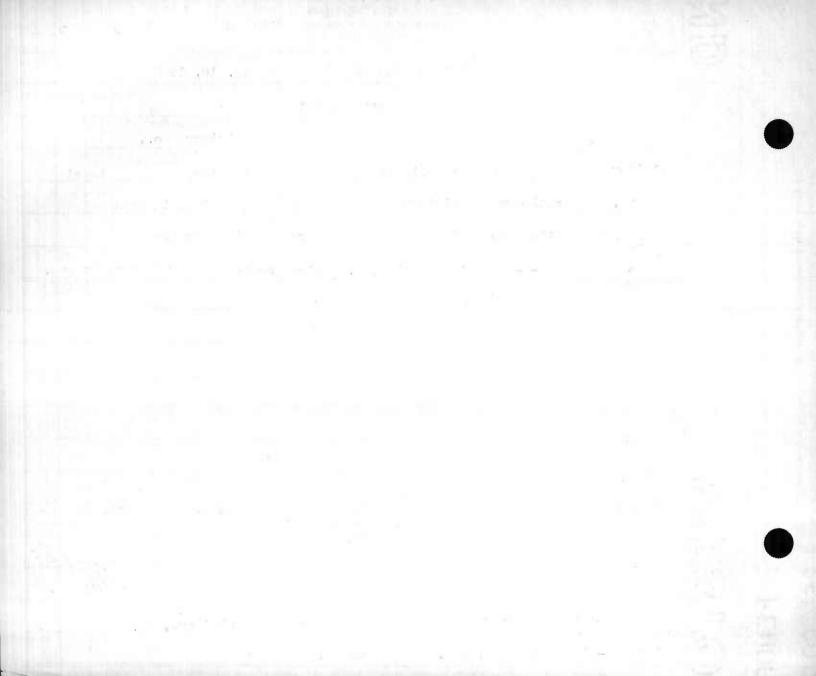
231 NAME OF CEMETERY OR CREMATORY 2/13/80 Western Cemeter

23d. LOCATION CITY OR TOWN Baltimore.

COUNTY 25a. DATE REC'D. BY REGISTRAR PLA REGISTRAR'S SIGNASHIRE

STATE

74 FUNERAL DIRECTOR
NAME
Mitchell-Wiedefeld Home, Inc. 1980 6500 York Rd.



B				STATE OF MARYLAND	
12	12	1	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	7 / 5 gum my
754	73		STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0 0 5 3
- 0		_		REG. NO.	
9			CEASED NAME FIRST	MIDDLE TOST 20. DATE KNOWN OF MONTH	DAY YEAR 26 HOUR
X	m ~ o c	1	LIA	Shall M DI DEATH MATED 2	191980 700 M
-	PLEASE RECTOR. R FILES. HOURS STREET,	0.00	CIFIC		19 19 6 / M
7	E SE	3. SEX	4. RACE	5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER YR. IF UNDER 24 HRS. 21. DATE MONTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOLINGED	DAY YEAR 2d. HOUD
V	AL DIRE	M	BLACK	02 10 29 51 YRS. MONTHS DAYS HOURS MIN PRONOUNCED DEAD 2	19180 75M
	\$ 5 × 2 9	-	RTHPLACE (STATE OR	17.0	
	W OF OUT WILL	FO.	REIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNT	TOF DEATH
		MA	REIGN COUNTRY) RYLAND	U.S.A. WIDOWED DIVORCED XX BALTIMERE	CAPNTH
	Z E w S	10. CI	TY OR TOWN OF DEATH		12b. KIND OF BUSINESS
	AA AGE			(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE)	OR INDUSTRY
	300	CA	TONSVILLE	349 SUTER ROAD CATONSVILLE LABORER	
	PE 3 TC			OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
3	29150	13a. S			
	F ANY SHOUL RECO	MA	RYLAND	CATONSVILLE YES XX NO [349 SUTER ROAD	CATONSVILLE
,	S 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	14. FA	THER'S NAME	15 MOTHER'S MAIDEN NAME	
	PA NO STA	W/L	FIRST	MIDDLE LAST FIRST MIDDLE	LAST
u	AGES AGES AGES AGES AGES AGES	E	CUGENE	BROWN DAULINE S	TEWARD
C	FTER DEATI FORM PM FS 1 AND ON OF VI	16a. V	VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
	IRS AFTER DEATH GIVE PAGES 1. WITH FORM PM WITH FORM PM WITH FORM PM DIVISION OF VITA	(4)	NO (IF YES, GIVE	E WAR OR DATES)	
	S S GIN				OPENTWOOD
			18. CAUSE OF DEATH (Enter an	nly ane cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL
CTS	HIN 24 HOUS IN ITEM 18. IS ALONG W ISIT PERMIT. I HYGIENE, D		PART I DEATH WAS CAUSE	ED BY: TRIA. CAPOLAL / AA	HALL RS
3	TEM TEM ONCONCERN		IMMEDIA	ATE CAUSE (a)	HOGE
	ZZZEFZ		4-10-	DUE TO, OR AN A CONSEQUENCE OF	
u c	UTED WITHIN N PENCIL IN EXAMINER A RAL-TRANSIT N MENIAL HY OR REMOVAL		Canditians, if any, which		
	· ^ 7 < ~ 5 m		gave rise to immediate cause (a) stating the under-		+
2	TED WITH V PENCIL EXAMINEI IAL-TRAN MENTAL		lying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
3				(c)	
	XECU G" IN CAL E BURI		PART 2 OTHER SIGNIFICANT CONDITIONS	S CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
9	PENDING F MEDICA F MEDICA F AREA	-	THE E DINER FROM TOWN COMPITIONS	A CONTRIBUTION TO DEVILLED HOLL REPUTED TO THE CERMINAL DISCUSS OF CONDITION PLASE I LID	
	AED AED WAT				
2		ō			
	HEAD TO THE A	ATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
A DEC	SUSTENCE A	FICATION			
OH A TIV	< Political 1	RTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	YES NO
S VITAL DEC	< Political 1	CERTIFICATION	190. DATE OF OPERATION 210 EXTERNAL CAUSE WAS	196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART.	YES NO
See A Fix a C	< Political 1	AL CERTIFICATION	190. DATE OF OPERATION 210 EXTERNAL CAUSE WAS UNDERLYING OR	196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART) OR PAI	YES NO
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TO HOSPITAL

6010 REISTERSTOWN RD

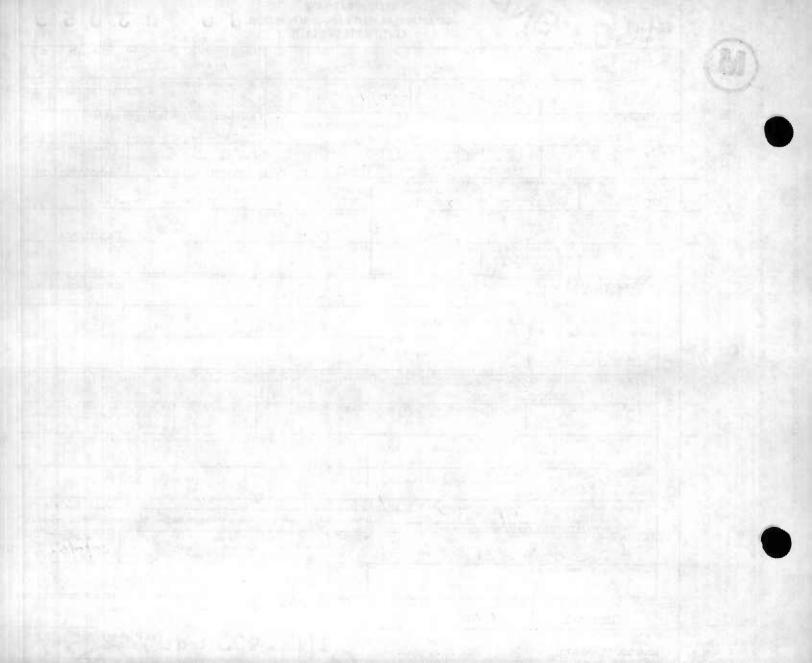
,	3	1-	FOR STATE REGISTRAR			DEP			EALTH AND MENTAL HYGI CATE OF DEATH	IENE 8	REG. NO.	0	3 0	5	4
MA	X		CEASED NAME OR PRINT)	FIRST MEYER	A	MIDDLE	BI	ROW			RUARY 2				.M.
W	9	3 SE	MALE	4	RACE WHITE				. 10°, 189°3°	AGE (IN YEA	RS LAST BIRTHDAY)		UNDER I YEAR	IF UNDER	24 HRS MIN.
neral dire	:35	7e BI	RTHPLACE ISTATE OR P DUNTRY) MARY LAND	OREIGN 7	USA	CITIZEN OF WHAT COUNTRY?			NEVER MARRIEDXXX	B BALTIMORE CITY OR COUNTY OF DEATH					
by the fu	O Frided	PIKESVILLE			11. NAME OF HOSPITAL, NURSING					120. USUAL OCCUPATION 120. KIND OF INDUSTRY SCHOOL TEACHER PUBL					ESS OR CHOO
filled in land	equision so	130 9	AL RESIDENCE (IF NUR STATE MARY LAND	136 COUNT		BALTIN		SION)	134. INSIDE CITY LIMITS?	13. 5 TEET A	PARK AV	Ε.	#21	201	
mpletely ond 2 sh	OCOMine	14 FA	ABRAHAN	1 "	DDLE	BROWN ^{tast}			15 MOTHER'S MAIDEN NAM ANNAT	ME	WIDDLE	MIL	LER LAS	ı	
n ond co	Medical	16a V	VAS DECEASED EVER (ES NO OR UNKNOWN) NO	IN U.S. ARM (IF YES, GIVE V	ED FORCES? (AR OR DATES)	166 SOCIALS 220-44			3419 OLYMPIA	EMANUE AVE.	BALTO.		21	215	
Hending physicic re corbanpoperion, or, or removal.	umotic event, the		18 CAUSE OF DEAT PART I. DEATH V	VAS CAUSED IMMEDIATE	BY: CAUSE (0)	C	erd		e arrest	least a	lsits	e	BRIWEEN C	mate intelliperation	
gned by the of please remote burnol, cremati	ry, or other tro	7	gove rise to im couse (o), stati underlying couse	mediate ng the lost.	((c)_	R AS A CONSE			NOT RELETED TO THE TERMINE	INAL DISEASE	OR CONDITIC	ON GIVEI	N IN PART 1/c)	
ton. that been so the permit The grene prior to	nows ony initial	CERTIFICATION	19a DATE OF OPERA	TION	196 CONDI	ITION FOR WH	//		WAS PERFORMED	20a AUTOF	SY? 206	. IF YES, V	WERE FINDIN	IGS USE	TH?
certificati unal-trans	tem 18 s	MEDICAL CE	21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCUR	CAUSE OF DEATH	P.:	M. MONTH M.	DAY Y	EAR 19	21c HOW INJURY OCCURR	RED (ENTER NATIL	RE OF INJURY IN IT	TEM 18, PAR	E OR PART 2)		
After this os the b	orked or	MED	WHILE NOT W	THILE		REET, FACTORY, OF			211 LOCATION STREET	- 1	city or town		COUNTY	S	TATE
aspital a ECTOR A d for use	m 21 is m		220.1 certify that (I' sow the decease above, (I) (we) (22b. SIGNATURE				B	onc	d that in (my) (our) opinion d	death occurred	-		and from the		oted
by the the ERAL DIR e detoche State Dep	TN		22d. PHYSICIAN'S N	1	have	ul j	terr	n	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN		27c. DATE/	26/	80
retained by the TO FUNERAL should be determined by the State	MPORTA		MANUEL	LEVIN	, M.D.				6101 PAR			В	ALTO.,	MD	
BP	-	(URIAL, CREMATION		FEB.27	,1980	HAR	SI			INGS MI	-			MD
DHMH-16 2 (VRA 15, 4)		24. FU	NERAL DIRECTOR			71001123				EB 2 8	1980	per	my /	Elres	7

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BALTO

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		FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 0 0	3 0 5 5	
a Mi		DECEASED NAME FIRST PRE OR PRINT) Ronald	MIDDLE Lewis	Brown	2ª DATE OF DEATH MONTH	DAY YEAR 26. HOUR 2:25P	
age 4 may ector pag s afre de	3	Male	White	S. DATE OF BIRTH 11/13/34 DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 45 YRS.	MONTHS DAYS HOURS MI	
neral direction 72 hours	9 70	BIRTHPLACE (STATE OR FOREIGN COUNTRY) New York	76 CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH		
by the fu	6	CITY OR TOWN OF DEATH TOWSON	I IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESS) re Medical Center	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	126. KIND OF BUSINESS	
filled in I	- 1	o. STATE 13b COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	READMISSION) 13d. INSIDE CITY LIMITS?	8227 Jeffers C		
ompletely and 2 sho	3/1	FATHER'S NAME FIRST Lewis	MDDLE LAST L. Brown	15 MOTHER'S MAIDEN NA FIRST Nora	WE	Cassidy	
e be exection and company to the me	1 16		RMED FORCES? 166 SOCIAL SECTION SECTIO		ADDRESS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	
es that the death cer d by the attending p ase remove carbon p rel, cremation, or ret y, or other traumati		Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost	DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c)			9 days	
The law requires e has been signed sermit. Then pleas she prior to burial shows any injury.	7		ral Hypoxia	DEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY? 206 IF YE	S, WERE FINDINGS USED IFYING CAUSES OF DEATH?	
SICIAN ysician. errificat transit p tal Hygical Item 18	5	00.00	EATH HOUR A.M. MONTH D	AY YEAR	YES NO Y	PART I OR PART 2)	
DING PHY ittending ph After this c is the burial- th and Men marked or	/	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY LATHOME, STREET, FACTORY, OFFICE,	211 LOCATION	CITY OR TOWN	COUNTY STATE	
TO HOSPITAL OF ATTENI retained by the hospital or at TO FUNERAL DIRECTOR: should be detached for use as with the State Dept. of Heal		sow the deceosed olive of obove, (I) (we) (did) (did no 22b. SIGNATURE 22d. PHYSICIAN'S NAME ITYPE	If And Dis	DEGREE ATTENDING PHYSICIAN [death occurred on the date and ha	22 DATE SIGNED	
BP	2:	e. BURIAL, CREMATION, REMOVA (SPECEY) Removal		NAME OF CEMETERY OR CREMATORY	236. LOCATION CITY OR TOWN	COUNTY STATE	
DHMH-16 25M (VRA 15, 4) 1/79		FUNERAL DIRECTOR NAME Anatomy Board	Balto.		E BEC'D. BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE	



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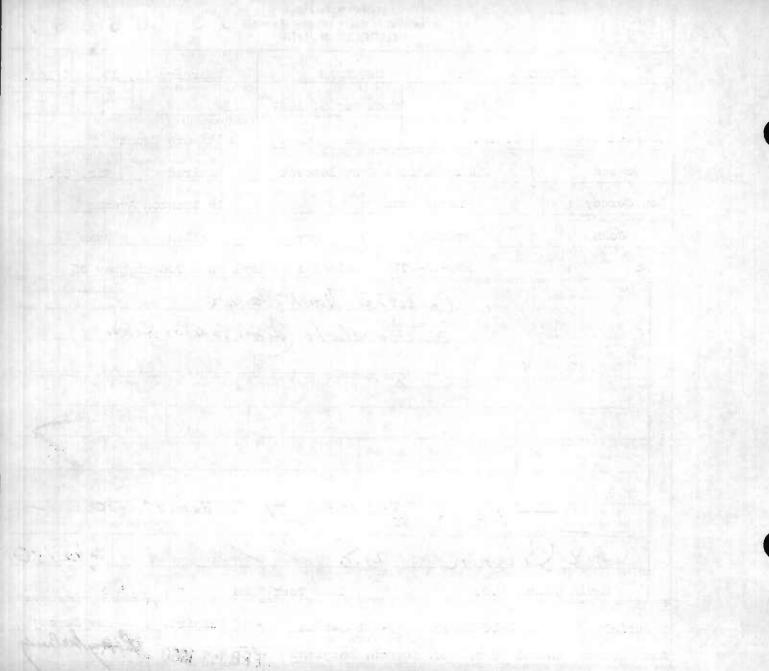
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Ruck Towson Funeral Home, Inc. Towson, Maryland

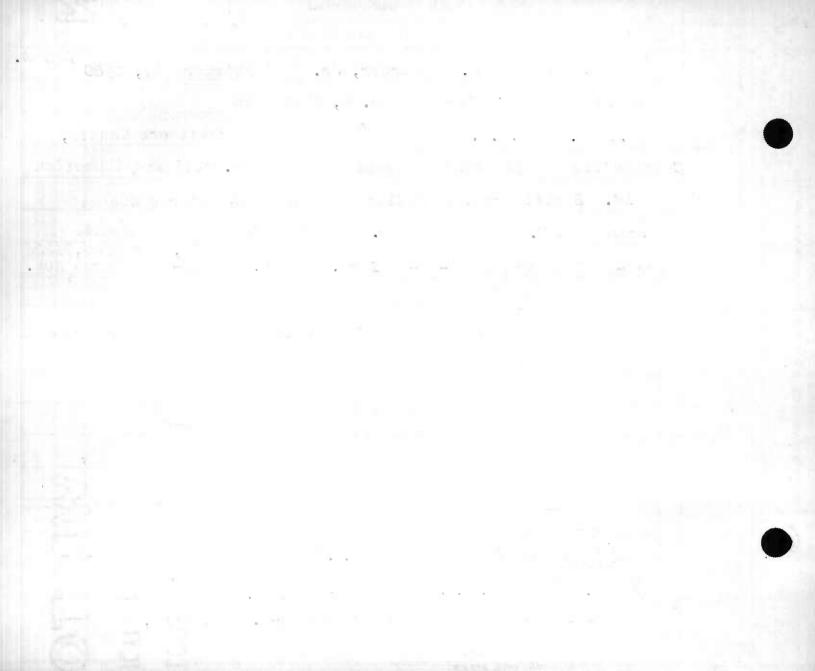
(VR A 15 (4))

STATE OF MARYLAND



THE RELIGIOUS PROPERTY.

12	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 ()	0 3 0 5 9
. 64		CEASED NAME FIRST	MIDDLE	LAST	The state of service	MONTH DAY YEAR 26 HOUR AL
nay be page 3 er death		John		Burger, Jr.	Februar	
4 85	3 SE	Male	RACE White	Dec. 5, 1909	70	MONTHS DAYS HOURS MIN.
Poge	7e. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?			OR COUNTY OF DEATH
22 63	Be	ountry)	U.S.A.	WIDOWED DNORCED		imore County, MD.
s ofter of parties of the fulled with		tonsuille	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACULTY, GIVE STREET 14 OSDORNE	NG HOME OR OTHER INSTITUTION ADDRESS) AUENUE	Dir. Civi	ion 12b. Kind of Business or Industry Eng, Education
LAND 212 nin 24 hour should be it should be termust be	USU 13a	AL RESIDENCE (IF NURSING HOME OF	Timore Catons	READMISSION) 134. INSIDE CITY LIMITS? EVEN NO A	130. STREET ADDRESS	orne Avenue
maryta ed within mpletely and 2 sh	14 F	John F	Burger		eth MIDDLE	Henkël
IMORE,	- (WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVE YES -WWII & P	WAR OR DATES!			Signal Maryland, 21228 -14 Osborne Ave.
T., BALT Triticate by physicia physica physicia physicia physicia physicia physicia physicia physicia			olly ane cause per line far (a), (b), ar D BY: IE CAUSE (a)	leac areas		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON SI the death cert if the attending se remove carbon cremation, or res		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE	y antery desar		14415.
DIVISION OF VITAL RECORDS, 201 W NG PHYSICIAN. The law requires that oftending physician. After this certificate has been signed by as the burnol-transit permit. Then please th and Mental Hygiene prior to buriol, critical prior to buriol, critical managements of the management of	N N		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	ADITION GIVEN IN PART 1(a)
TALRECOR	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	706. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
SICIAN: The physicic certificate ririol-transit from 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJU	IRY IN ITEM 18, PART 1 OR PART 2)
IVISION JG PHYS offendin fer this c s the bur n and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211. LOC ATION STREET	CITY OR TO	WN COUNTY STATE
a p & s d E		saw the deceased alive an	t) view the bady after death	50, and that in (my)-(ew) apinian	death accurred an the a	date and haur and from the causes stated
the hospital that DIRECTOR IN The Post of He		226. SIGNATURE	Elec C.	DEGREE M.D. ATTENDING PHYSICIAN	MEDICAL STA	
TO HOSPITAL etoined by th Should be deter with the State		ohn A. Nesb	itt, Jr.,M.D.	1009 reder		
Of of S M M M M M M M M M M M M M M M M M M		BURIAL CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 23c. 2 123c. L	NAME OF CEMETERY OR CREMATORY Orraine Park Cen	23d. LOCATION	ore, Maryland
DHMH-16 20M (VRA 15, 4) 7/7B	24 F	UNERAL DIRECTOR Steeling	Juneral Estate ADDRESS Amondson Ave.			75h REGISTRAD'S SIGNATURE
			11. 2101 212231	<u>l</u>		



PRIKKE FER 12,1970 SH weize = 3.5.6. deligate at the record toors - come larger il. Latio. Landing v 1157 Margarood v. - and Larigue The existing the second of the 21 -1 - 1224 Rose William To Colory Marie Control DIFFETIC COMP LUMBETES HELLE RAMED 1. PIREPTER -1-3 cases with a case in out. Live no-64. Tears no-125

STATE OF MARYLAND

2. 7 1889 2. California County the state of the s will a sucre the tuner, a mone one the on all Page 4 may be

executed within 24 hours

law requires that the death certificate be

THE ATTENDING PHYSICIAN:

TO HOSPITAL OR ATTENDING etained by the hospital or attendi

letely filled in by the 2 should be filed with

	1-	FOR - STATE REGISTRAR			DEPARTI	MENT OF H	E OF MARYLAND BEALTH AND MENTAL F ICATE OF DEATH	HYGIEI	NE 8 Ü	0	3	J	6	2
		CEASED NAME	FIRST	^	AIDDLE	ł	AST	2	. DATE OF DEATH		DAY	YEAR	2b. HO	UR
		Grace	Katl	nerine	Bu	rkhei	mer		2/26/80				9:0	OA M
h	3 SE	x Female		RACE Whi	te	S DATE C		- 6	AGE JIN YEARS LAST BIRT	HDAY)	MONTHS	DAYS	IF UNDE	R 24 HRS
7	7a BI	RTHPLACE (STATE OR F	OREIGN 7	. CITIZEN OF	WHAT COUNTRY?	1	NEVER MARRIED	0 1	BALTIMORE CITY O		Y OF DI	EATH		
5		aryland		USA		WIDOWE			Baltimore	Count	:y			MD.
0		Towson		reater	Baltimon	re Med	or other Institution lical Center		20 USUAL OCCUPATION OF WORK FOR MOST OF HOUSEWIF	F WORKING L		KIND O	F BUSIN	
5	13a S	AL RESIDENCE IF NURSTATE Maryland	Harfo	Y	GIVE RESIDENCE BEFORE 13c CITY OR TOW Churchvi	'N	134 INSIDE CITY LIMITS YES NO K		3. STREET ADDRESS 3153 Aldi	no Ro	ad			
1		Henry Her	rman "	DDLE	LAST		Elsie	Hin!	MIDDLE			LAS	ī	
2		VAS DECEASED EVER		NED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRE	SS Chu	rch	vill	e. M	ld/
		no			216-01-2	2601	Carl H. Bu	rkh	eimer 3153					
		Conditions, if ony, gove rise to improve (o), stotic underlying couse	mediote ng the	(b)_	R AS A CONSEQUE									
	Z	PART 2 OTHER SIGN	VIFICANT CO	ONDITIONS <u>CC</u>	INTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	ERMIN	AL DISEASE OR CON	DITION GI	VEN IN	PART 1(c	0)	
2	CERTIFICATION	19a DATE OF OPERA	TION	1% CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY? YES NOTE:			E FINDIN		TH?
7	MEDICAL CER	218. ACCIDENT WAS UNI OR CONTRIBUTING [] 3 FEITHER, NOTIFY MEDIC	CAUSE OF DEAT	21b. TIME O HOUR A./ P./	M. MONTH DA	AY YEAR	21c HOW INJURY OCC	CURRED) JENTER NATURE OF INJUI	RY IN ITEM 18.	PART 1 OR	(PART 2)		
	MED	21d. INJURY OCCUR	HILE [7]	21a PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	FARM, ETC }	2)) LOCATION STREET		CITY OR TOV	m	cou	UNTY		STATE
		270.1 certify that (1) sow the decease obgae, (1) (we) (c	ed olive on_	2/26	/80 19	1/23/ 	80, 19 nd that in (my) (our) opini	nion dec	, 10	/80 ote and ho	, 19 ur ond f		, ,	(we) lost toted
		27b. SIGNATURE		- /	wy	H	DEGREE ATTENDING PHYSICIAN		MEDICAL STAI			2/26		
1		274 PHYSICIAN'S N	0			7 1 -	22e ADDRESS							
		Juan J.	Muno	z, M.D.			GBMC, 6701	N.	Charles S	t. Ba	ılti	more	212	204
	23e. B	SURIAL, CREMATION,	REMOVAL	23b. DATE	23c h	NAME OF C	EMETERY OR CREMATOR	RY	23d. LOCATION					

BP. DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending should be detached for use as the burial-transit permit. Then please remove carbon with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or

IMPORTANT: If Item 21 is marked or Item 18 shows any injury,

24 FUNERAL DIRECTOR

Burial

Parkwood Cemetery

ADDRESS Brothers, Inc. 7110 Belair Road 21206

Baltimore, Md 25a DATE REC'D. BY REGISTRAR 25b. REGIST FEB 2 8 1980

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Churchy Hornan

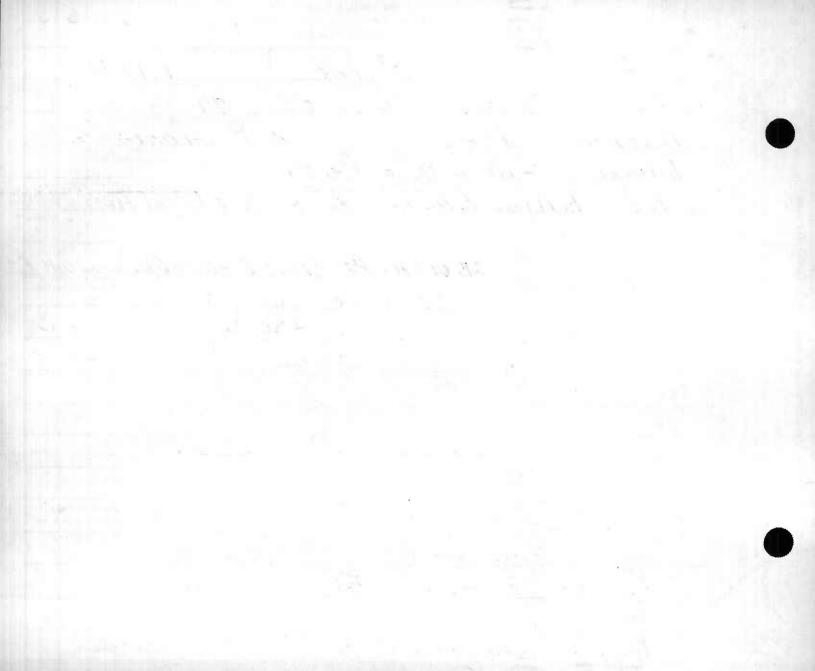
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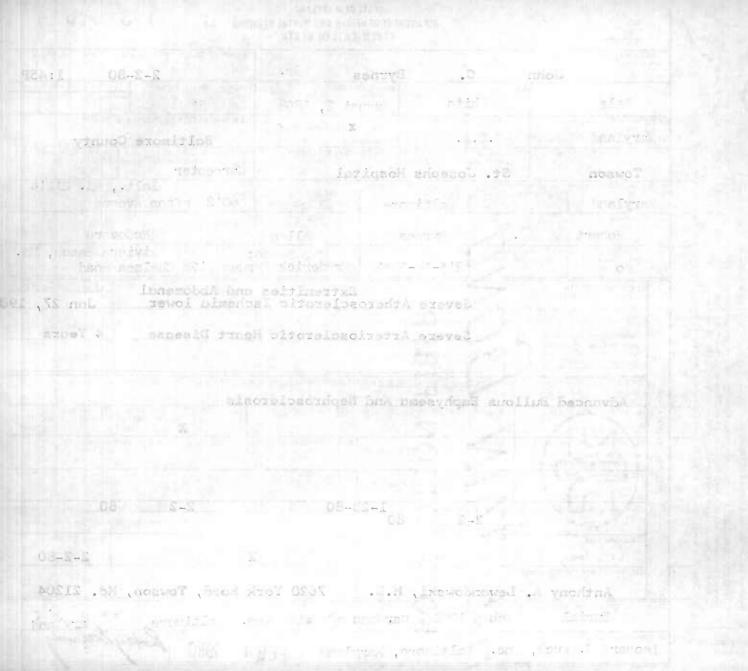
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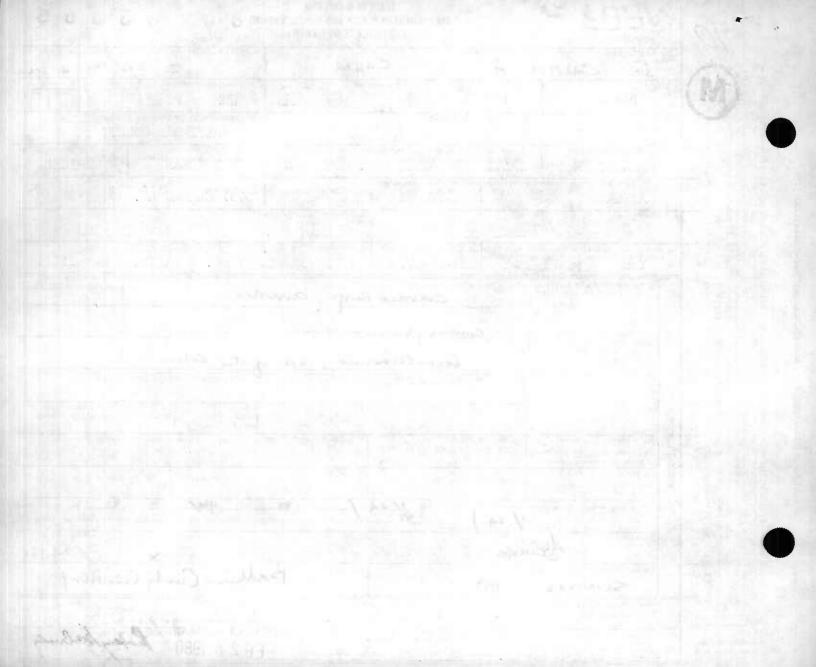
durial en 29, MO Parkmort emetery solimore, M. Diapel Brothersimlac. 7110 Helair Loud 21266

9		FOR STATE REGISTRAR	DEPAI	STATE OF N RTMENT OF HEALTH CERTIFICAT	AND MENTAL HYG		0 3	0 6 3
e Pi	(TYPE C	EASED NAME FIRST	WIDDLE	Bur	ne		MONTH DAY	80 25. HOUR
Page 4 mo	3 SEX	Female (Paulante Country Citizen of What Country	S DATE OF BIRT	2 02	AGE (IN YEARS LAST BIRT BALTIMORE CITY C	YRS	DAYS HOURS MIN
the funeral d within 7:1	10 CIT	YOR TOWN OF DEATH	NAME OF HOSPITAL, NUR	WIDOWED SING HOME OR OTH	DIVORCED DIVORCED	Ba/+1 170 USUAL OCCUPATION OF FOR MOST OF	more,	KIND OF BUSINESS C
within 24 hours of	136. 51	MO BOLL	THE INSTITUTION, GIVE RESIDENCE BEI	more YES	NSIDE CITY LIMITS? OTHER'S MAIDEN NAI FIRST	13. STREET ADDREAS	GARBISM	Te 3838
n ond comple		AS DECEASED EVER IN U.S. ARME (IF YES, GIVE W	ED FORCES? 166 SOCIAL SE	CURITY NO. 17 IN	FORMANT HACK HALL	+ R COO.	4011 An	1/1/10
that the death certificate by the ottending physicion base remove carbon papers. of, cremation, or cemoval.		Conditions, if ony, which gove rise to immediate couse (o), stofing the underlying couse lost	DUE TO, OR AS A CONSECUTION OF T	SUENCE OF	ic de AS	cut	8	APPROXIMATE INTERVAL ETWEEN ONSET AND SEATI Quality
been signed I	NO.	PART 2 OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING T			200 AUTOPSY?	20b. IF YES, WERE	PART 1(a) FINDINGS USED CAUSES OF DEATH?
S PHYSICIAN The k trending physicion. or this certificate hos the buriot-transit per and Mental Hygiene and Mental Hygiene ced or Item 18 shows		7 (a ACCIDENT WAS UNDERLYING OF ONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	TA .	YES NO RED JENTER NATURE OF INJU	YES THE TEM 18, PART 1 OR	PART 2)
DING PHYSICIAN or offerded physician After this certificate as the borrot-troi of the and Mental thy morked or tem 18	¥	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC)	OCATION STREET	CITY OR TO	VN COU	NTY STATE
by the hospital ERAL DIRECTOR. e detoched for us state Dept of He MI. If Hem 21 is		17a. I certify that (1) this hospital sow the deceased alive an above, HZ(0-2) Idia (deceased) 17b. SIGNATURE 17d. PHYSICIAN'S NAME (TYPE ORPE	South	DEGRE	E ATTENDING	death occurred on the d	220	om the couses stated
TO HOSPITAL TO HOSPITAL TO FUNERAL Should be det with the Store IMPORTANT:	23o. BU	LA WEREN	ce DOA.	NAME OF CEMETE	O SCOTTI	23d. LOCATION .	/ Cock	Keys VI/I e
DHMH-16 20M (VRA 15, 4) 7/78	24 FUI	Durgie Fu	neral ton	ne Facts	Sach. MARAT	PRE DOWNEGISTRAR	SW REGISTRAP'S S	GRATURE



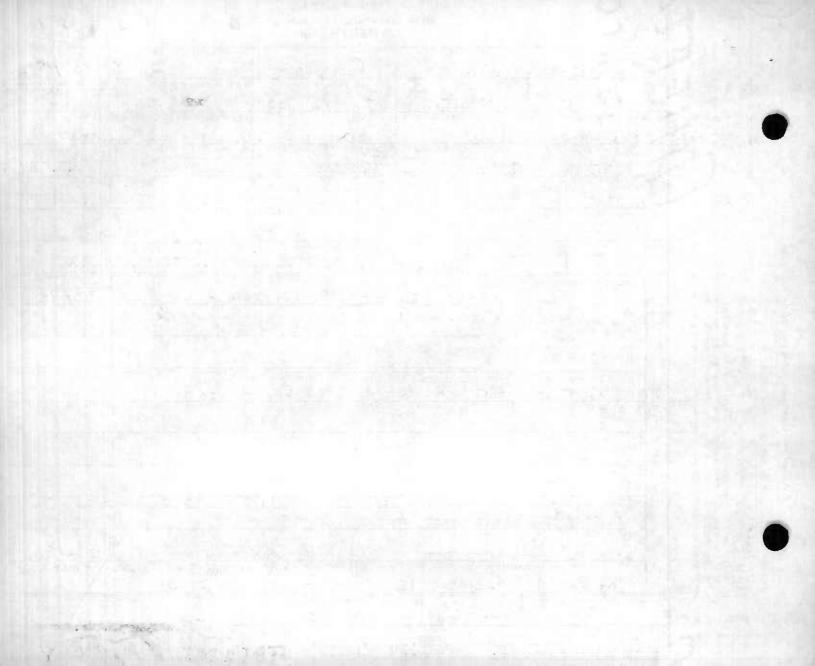


BALTO. MD



The state of the s ALLES CONTRACTOR OF THE STATE O Tigged Com 20, TREE L. L. L. LANCE CONTROL CO Barrier Service on the transfer of the latest the service of the s But a Thempon mineral money are. Moreous, ad. 21/88 - 2 p. N. Fills ...

- 4		STATE OF MARYLA	ND .
10		1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND M CERTIFICATE OF D	EATH
l	2	1. DECEASED NAME FIRST MIDDLE LAST	REG. NO. 20 DATE OF DEATH MONTH DAY YEAR 26. HOUR
-	9 25	(TYPE OR PRINT)	- 440
	à MA	Benjamin Capl	all and a second
	E CEVIL	3 SEX 4 RACE 5. DATE OF BIRTH MONTH DAY	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS
	9 9 5	\sim ALE \sim HITE $07/2$	03 76 _{YRS}
	Pour der	TO BIRTHPLACE ISTATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER N	9 BALTIMORE CITY OR COUNTY OF DEATH
	\$ 25 535		PORCED TI Baltimore Scrieti MD
	b for the	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INST	ITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR
102	by the	RANDALLSTOWN (IF NOT IN SUICH FACILITY, GIVE STREET ADDRESS) RANDALLSTOWN CONVALESCENT (
213	hau be	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 130 COUNTY 136 INSIDE C	TY LIMITS? 136 STREET ADDRESS APT. 2-F
2	Semus ould	MARYLAND BALTIMORE YES XX	NO 6001 PARK HTS. AVE. #21215
YLA	tely 2 sh	14 FATHER'S NAME 15 MOTHER'S	MAIDEN NAME
MARYLAND 2120	3 PO ENT	DAVID CAPLAN	JENNIE MIDDLE LAST
	5		JENNIE UNIGNEM VIEW WAR HARRIETTORIJIPSITZ
BALTIMORE	Pages medico		RAINTREE RD., TUSTIN, CA 92680
ALT	te b	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
80	g physici an paper emoval. event, th	PART I. DEATH WAS CAUSED BY.	
5		4031	37/13
PRESTON	death ce ottendin ove carb	DUE TO, OR AS A CONSEQUENCE OF	
RES	otto proprio	Conditions, if ony, which (b)	
×.	by the	couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost	
201	d olo	(c)	
	signe hen pl a bur		TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
ORC		E CONGESTIVE HEART PHILURE, POLYCY	THEMIA VERA
EC	s been s prior	The date of operation 196 condition for which operation was perform	RMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
DIVISION OF VITAL RECORDS,	nysicion. Icate hos ransit pe Hygiene 18 shows	CONGESTIVE HEART FAILURE, POLYCY 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFOI 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 211. HOW IN.	YES NO YES NO
<u> </u>	AN The hysicic ficate transit Hygies 18 sho	210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW IN.	JURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
P	ICL P P P	OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 19	
0	1 6 6 -	OR CONTRIBUTING CAUSE OF GEATH (IF EITHER, NOTHEY MEDICAL EXAMINER) P.M. 19 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET STREET	N CITY OR TOWN COUNTY STATE
VIS	DING Paratter the os the alth and morked	WHI NOT WHILE AT WORK AT WORK	CITY ON COONTY STATE
ā	DIN OF Se of the most most most most most most most most	22a I confify that (1) (this hospital) attended the deceased from 12.113	, 19 79 , to 2/8 , 19 80 , that (I) (we) last
	TTEN portol TOR: for us of He 21 is	solve themsecoged blue on 12 6 10 80 and that in my)	our) opinion death accurred on the date and haur and from the causes stated
	hosp IRECT Sept. o	226 SIGNATORE DEGREE	22c. DATE SIGNED
		MA A	TTENDING - MEDICAL STAFE
	ITAL by th IRAL State	[22d] PHYSICIAN'S NAME (TYPE OF PRINT)	HYSICIAN DIRECTOR PHYSICIAN 2800
	HOSPITA ined by FUNERA old be d	1001/00/ Co 11/1/0	
	TO HOSPITAL (retained by the TO FUNERAL (should be deto with the State (IMPORTANT; if		MORE MD 21201
	F 5 F 4 2 F	236 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR C SPECIFY BURIAL FEB. 10,1980 BETH HAMEDROS	
7746) BP	FEB.10,1980 BETH HAMEDROS	T THE STATE OF THE
D	HMH - 16 60M 1/75	24 FUNERAL DIRECTOR	H HAGODOI. 1250. DATE REC'D. BY REGISTRATION 1250. DATE REC'D. BY REC'D. BY REGISTRATION 1250. DATE REC'D. BY REC'D. B
	(VR A 15 (4))	6010 REISTERSTOWN RD. BALTO: MD 21215	FFR 1 2 1000 Tilly helper



FOR

- STATE

DHMH-16 25M

(VRA 15, 4) 1/79

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2h HOUR

12h, KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO I

STATE

TATE

9:15P

IF UNDER 24 MPS HOURS.

1980

YES |

COUNTY

DUNTY

1980

22c. DATE SIGNED

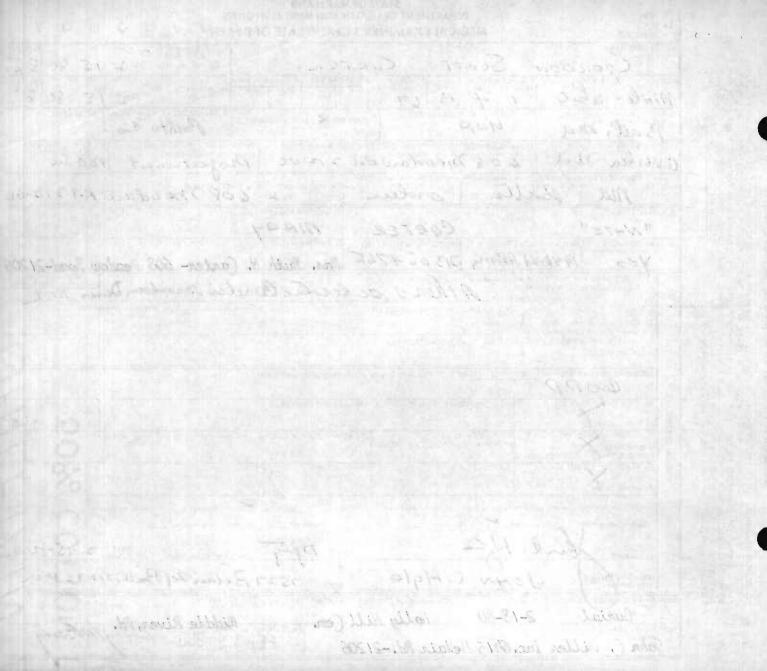
2/6/80

IF UNDER I YEAR

INDUSTRY

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10		1	FOR	STATE OF MARYLAND	
K		1-	FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	069
		1. DE	REGISTRAR CEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN FOR MONT	TH DAY YEAR 26 HOUR
	W - 2 - 2 - 2 - 2		PE OR PRINT)	OF ESTI-	15 61000
	Y, PLEASE HRECTOR. DR FILES. Z HOURS N STREET,	3. SE	1 RACES	IS DATE OF BIRTH 6 AGE (IN YEARS I IF UNDER 1 YR I IF LINDER 24 HRS 20 DATE MONTH	H DAY YEAR 2d. HOUR
	ODIRE ON S	N	role whit	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED	A. C. C.A
	SSARY, YOUR STON	70. B	IRTHPLACE (STATE OR	Th. CITIZEN OF WHAT COUNTRY? Is	17 J
	WHE	FO FO	Balli Mil	MARRIED NEVER MARRIED Balto Co	MD.
	1 W 1	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WOR	K 12b. KIND OF BUSINESS
	PAGE PAGE S, 301	0	verlea Mil	(IF NOT IN SUCH FACULTY GIVE STREET ADDRESS) 605 Meddow Rd 21200 Projection cost	OR INDUSTRY
1201	IF ANY DELAY IS:4	USU. 130. S	TATE MU 136 COON	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TY 13c. CITY OR TOWN 13d INSIDE (1TY LIMITS? YES NO 16 6 0 8 772 action YES NO 16 16 0 8 772 action	NEX 210-66
BALTIMORE, MD. 2120	R DEATH. IF AGES 1, 2, RM PM 3. I AND 2 SH OF WITAL I	14. F	ATHER'S NAME	MIDDLE LAST FIRST MIDDLE	TZAI
Ĕ,	DEA SES M PY AND PAND OF M	9	"NATE"	CGRIER MARY	
MOM	wa O Z		ES, NO, OR UNKNOWN) (IF YES, GIVE	AED FORCES? 168, SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
ALTI	SGHZA			64 Hemy 213 05 4765 Mrs. Ruth N. Carter- 608 Mea	dow Road-21206
:	18.		18. CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED	y one cause per line for (a), (b) and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
S Z	24 HO ITEM 18 LONG PERMIT GIENE,			E CAUSE (o)	thes Mil
ESTO			Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF	
4	TED WITH		gove rise to immediate cause (a) stating the under-	(b)	
3			lying couse last.	DUE TO, OR AS A CONSEQUENCE OF	
, 3C	N BB A N		PART 2 OTHER SIGNIFICANT CONDITIONS	(c)	
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST	ATIA	Z	QUPP	ON ROUTING TO CENTED THE TEAMBRAE DISEASE OR CONDITION GIVEN IN PART 1 (a).	
<u>A</u>		CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
¥	SHOUL ORD "P CHIEF BE USE IT OF HI	4 1			YES NO
OF V	THE LD B AENT BUR	7 8	210. EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR	PART 2)
NO NO	THE OF THE STATE O	3	UNDERLYING OR CONTRIBUTING CAUSE OF D		
INISI	IS CERTIFICATE SHORD INTING THE WORD INDED TO THE CHIESE 3 SHOULD BE USE TE DEPARTMENT OF THE PRIOR TO BURIAL,	MEDICAL	21d. INJURY OCCURRED WHILE OT WHILE	21e. PLACE OF INJURY (ATHOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
۵	R: THIS (FE, WRII) RWARD SEWARD STATE 21201 P	-	AT WORK AT WORK		
			22a. I certify that I took charg	e of the remains described obove, held on Autopsy 🔲, Inspection 🗹, Inquiry 🔲, ond in my	opinion
	L EXAMINER E CERTIFICAT DUID BE FO L DIRECTOR: H, WITH THE MARYLAND,		death resulted from: Natur	al causes . Accident ., Suicide ., Homicide . Undetermined monner .,	
	XAA JIE DIRE WITH		10	TITLE (SPECIFY)	
	HE HOUNTE, WAL	-	ACTUAL SIGNATURE	M.D. DER MEDICAL EXAMINER SIGN	NED 2-13-80
	NER VAN SAORI	The said	EXAMINER'S NAME	JOHN (. Hyle ADDRESS 7527 Belain Ref Balli	2123675
	TO MEDICAL EXAMINE EXECUTE THE CERTIFICACION OF TO FUNERAL DIRECTO FUNERAL DIRECTOR OF TO FUNE DE STIMONE, MARYLAND OF TO FUNE OF T		(TYPE OR PRINT)	ADDRESS	2723682
HUNLI	B A T P E T	23 o. B	URIAL, CREMATION REMOVAL 2	3b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN	DUNTY STATE
777	BP	24 5	DULLAL UNERAL DIRECTOR	2-18-80 Holly Hill Com Issa DATE RECD. Widdles River Ad	son August
	DHMH - 17 (VR A15 ME (5))			Inc. 6415 Belair Rd21206 FEB 1 9 1981	13 19 Bready
	15M 7/77		piot . inches.	INC. UTI) DELAUR KA. =21200	



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		FOR	STATE OF MARYLAND	
9	1-	FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	3071
	1. D	REGISTRAR ECEASED NAME FIRST	REG. NO.	TH DAY YEAR 75 HOUR
m Since		BERNA	OF FC71	10 2124
X 9 = 5 =	3. SE		5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER LYR, IF UNDER 24 HRS. 2c. DATE MONI	1900 A M
	-	FC	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED DEAD 2	18 1080 3354
SSSA FERRA EST	70.	SIRTHPLACE (STATE OR OREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COL	341
NECES PREE	10	454	WIDOWED P DNORCED BACTO.	Co. MD.
AY IS NOTHE FI	10.0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF WO	
	/ 1051	RSSEX	FRANKLIN SQUARE HOUSENIFT	
21201 IF ANY DEL. 2, AND 3 TO SHOULD BE I RECORDS,	130.	STATE 13b. COUN	A STATE OF THE STA	
2. AND 2. AND 3. RETA SHOULL	2	m 13.		12 Cle 2/220.
O I NA	14.7	ATHER'S NAME FIRST	MIDDLE LAST IS. MOTHER'S MAIDEN NAME MIDDLE	LAST
AORE, M FER DEAT PAGES 1 ORM PW S 1 AND N OF VII	1 160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
≤ E E O	1	YES, NO, OR UNKNOWN) (IF YES, GIVE	213-34-5249 HOWARD KET A	6.10
		IS CAUSE OF DEATH /Enter or	ly ane cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL
ST. HO		PARTIDEATH WAS CAUSE	DBY: CAUSE (a) Anteris sclevatic Covenary Antery desease	BETWEEN ONSET AND DEATH
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L RECORDS, 30 VUID BE EXECU "PENDING" IP IFF MEDICAL I SED AS A BUR HEAITH AND	1,	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
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PAF TO BA	23a.E	URIAL, CREMATION, REMOVAL 7	CITY OR TOWN	OUNTY STATE
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Towson, Maryland

(VRA 15, 4) 7/78

Ruck Towson Funeral Home Inc.

		FOR - STATE XC 22 REGISTRAR	044 893	DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	0 0		3 0	7
		ECEASED NAME FIRST		MIDDLE	· ·	AST	REG. NO		YEAR	2b. HOUR
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to burial, cremation, or rem y injury, or other traumatic	7	Canditions, if any, which gave rise to immediate cause 101, stating the underlying cause last	(b)	LYMPHOM R AS A CONSEQUE ONTRIBUTING TO D	NCE OF	NOT RELATED TO THE TERM	inal disease or coni	DITION GIVEN I	YEAR	S
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Belair Road

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(VRA 15, 4) 7/78

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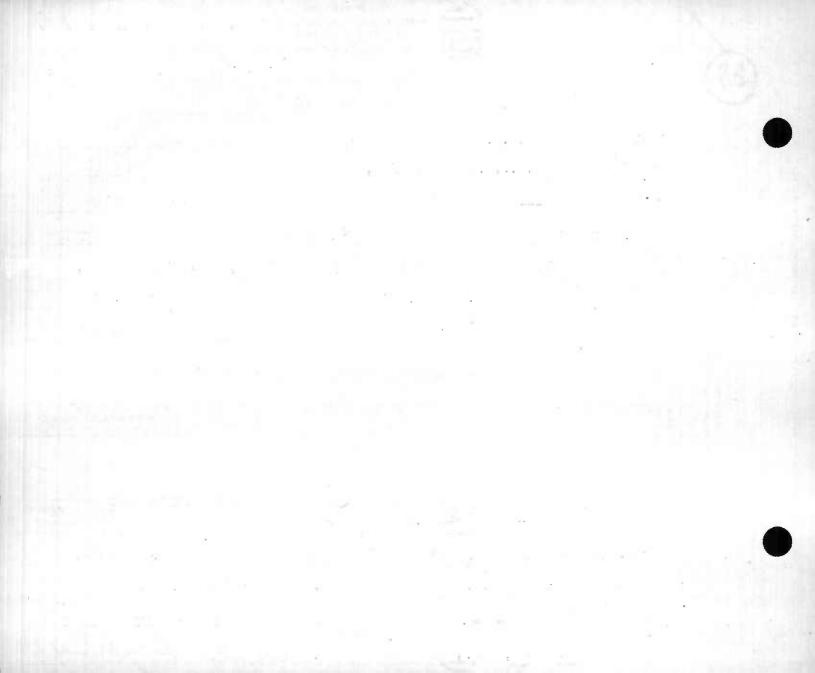
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E	URS AFTEI 3. GIVE PA WITH FO PAGES DIVISION		No			064-18-45	60	Mrs. Edra	a M. Deem	200 1	OCKSTEA	Road	
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12		100	Canditions	if any, which	DOE TO, OK	AS A COUSSEQUENCE	Or	1/6	10		1	+-	
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49	TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNERAL AFTER DEATH BALTIMORE, A	23a.Bl	JRIAL, CREMATI	ON, REMOVAL 2	3b. DATE	23c. NAME OF CE	METERY O	R CREMATORY	23d. LOCATION				
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	DHMH - 17 (VR A15 ME (5))	200	NAME		ADDRESS				1 1 1000	Mirian.	w Mel	andie .	
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbon papers. Prove with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate retained by the hospital or attending physician.

1	FOR - STATE REGISTRAR		AENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO		County, MD. 1726. KIND OF BUSINESS OR INDUSTRY HOME ade Road 1AST 21131 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
1. DE	CEASED NAME FRIST Lydia	MIDDLE		AST TONIES	2R DATE OF DEATH			26. HOUR
2.65		In Diese	-	EMENT	February			M M
3 SE F	emale	White	Jul	DAY YEAR	6. AGE (IN YEARS LAST BIRTI	YRS.		
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0 10 C	1TY OR TOWN OF DEATH 21234	11. NAME OF HOSPITAL, NURSIN LE NOT IN SUCH FACILITY, GIVE STREET Valley View	IGHOME C ADDRESS) Nurs:		12R USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEWIF	NC WORKING LI	12b. KIND O	F BUSINESS OR
5 la	ryland Ba.	nother institution, give residence before NTY 13c. CITY or Tow 14timore Phon	N	13d. INSIDE CITY LIMITS? YES NO 🔀	13, STREET ADDRESS 4209 Gree	engla	ade Ro	ad
14 F/	ATHER'S NAME FIRST August	Yonki		is mother's maiden na	MIDDLE		tas	st
	WAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GIV NO ——	RMED FORCES? 166 SOCIAL SECU MA69762		Alice Betz	Phoniex,		21131	
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/	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DA	YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATU	TIN ITEM 10, I	PART 1 OR PART 2)	
MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE AT WORK	2) R PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC)	2)f LOCATION STREET	CITY OR TOW	70/	COUNTY	STATE
_	saw the deceased alive or above. (I) (we) (did) (did no 22b SIGNATURE	or) view the body after death.		ATTENDING PHYSICIAN [JAEDICAL STAP DIRECTOR PHYSIC	F IAN []	224 DATE	
220.1	Vuong Vu	guyen, M.D.	JAME OF C	1656 E. I	Belvedere	Aven	ue 433	3-2945

BP.

DHMH-16 25M (VRA 15, 4) 1/79

24 FUNERAL DIRECTOR
William E

Johnson 8521 Loch Raven Blvd

Feb. 11, '80 Alto Reste Park

1980

Altoona, Pennsylvani 25a. DATE REC'D. BY REGISTRAR 25b. REGIS

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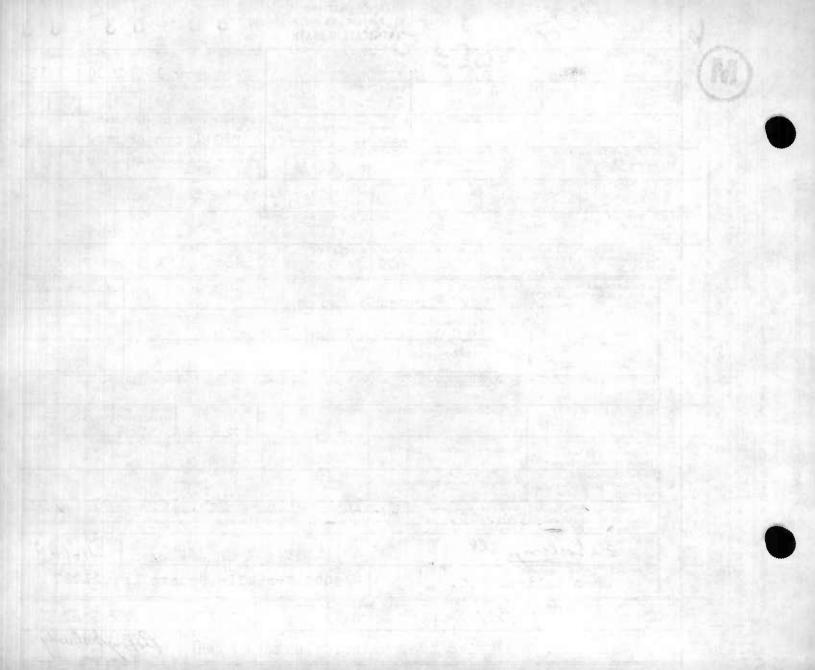
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	1			STATE OF MARYLAND		
	1	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 () REG. NO.	0 3 0 7 9
1		CEASED NAME FIRST BEES	Arice MIDDLE	CLERKLE)	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
R5(I)		Bath	rel	Clerky,	2 -	7-80 0454
1417	3 SE	X /	RACE	S DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
once	1	remale.	NEGROID	AFR 6,1903	76 YRS	
te O-		RTHPLACE (STATE OR FOREIGN OUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUN	TY OF DEATH
The state of	V	irginia	U.S.H.	WIDOWED DIVORCED	Dalto. (ounty mo
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Ε.		WAS DECEASED EVER IN U.S. ARME		URITY NO. 17 INFORMANT	ADDRESS	17
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val.		18 CAUSE OF DEATH (Enter only	one cause per line far (o), (b), a	nd is i		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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E 0	W.	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH D	216 HOW INJURY OCCU	RRED JENTER NATURE OF INJURY IN ITEM I	8, PART 1 OR PART 2)
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o pa	MEDICAL	21d. INJURY OCCURRED	210 PLACE OF INJURY	711 LOCATION STREET	CITY OR TOWN	COUNTY STATE
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2 5	l	sow the deceased alive an obove, (I) (we) (did) (did not) v		80. ond that in (my) (our) opinion	death occurred on the date and h	our and from the causes stated
o Trem		27%. SIGNATURE	new the body differ gedin.	DEGREE		224. DATE SIGNED
D		R-m. St	lah	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	2-17-80
LANT:	1	22d. PHYSICIAN'S NAME (TYPE ORPH	INT)	22e ADDRESS	_ June Clone	
With the State		R.M. SI	HAH.	13 · C ·	(r.H	
ME -	73a	BURIAL, EREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY		
		Sivial .	2-9-80 N	H. Aubun Cen	CITY OF SOWN	COUNTY
= 40	24 F	UNERAL DIRECTOR	1 0- 19	1. 11000 00.11	TE REC'D. BY REGISTRAR 256. BES	ISTRAR'S SIGNATURE
16 25M , 4) 1/79	<	anders Fun	ADDRESS ADDRESS	Preston SVEE	B 8 1980 In	try McCredy
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SING-SE CERCHES FEMALE L'EFERELD HERE ESTERS Balto Coursey Marginia U.S.A. .. Randolder Rate County Gent Hesp. steusenise Md Balto - 821 Chiefedge Rd Stephen Woods Hattie McAletan ND - 57794-1907 Marco Clarkley 40 Surporco a Flind 3-9-80 Mt Hubun Com En 16 Sander Structural House Buston St.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

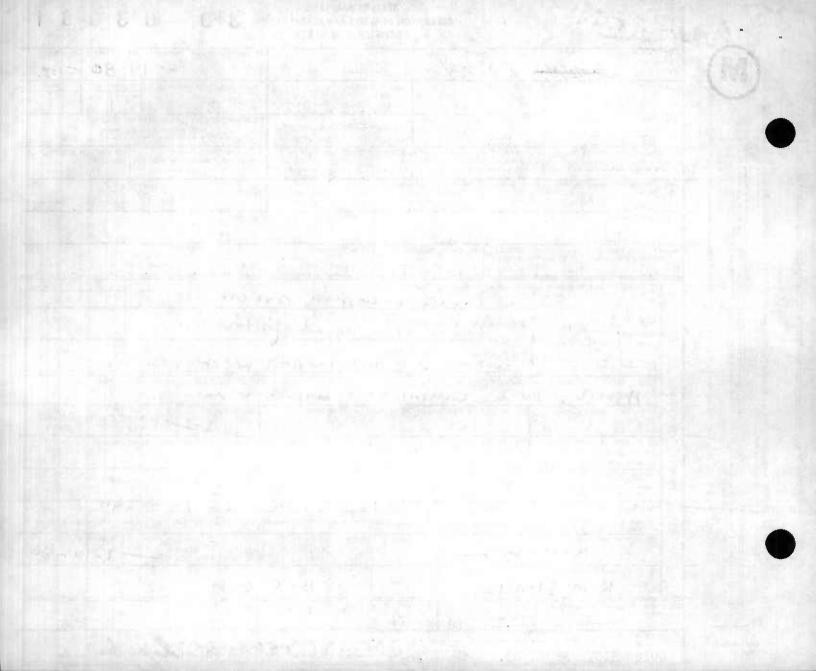


BALTO., MD

(VRA 15, 4) 1/79

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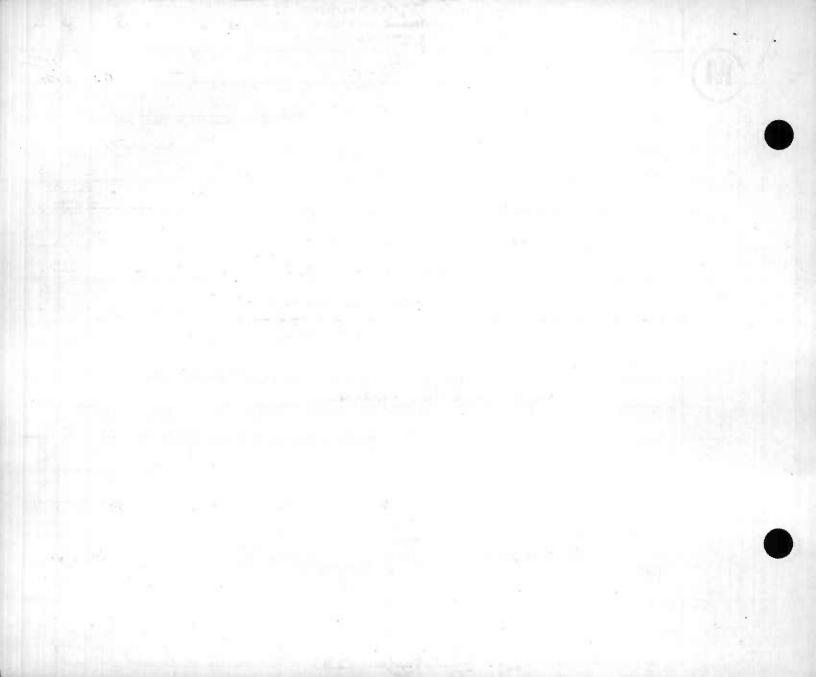
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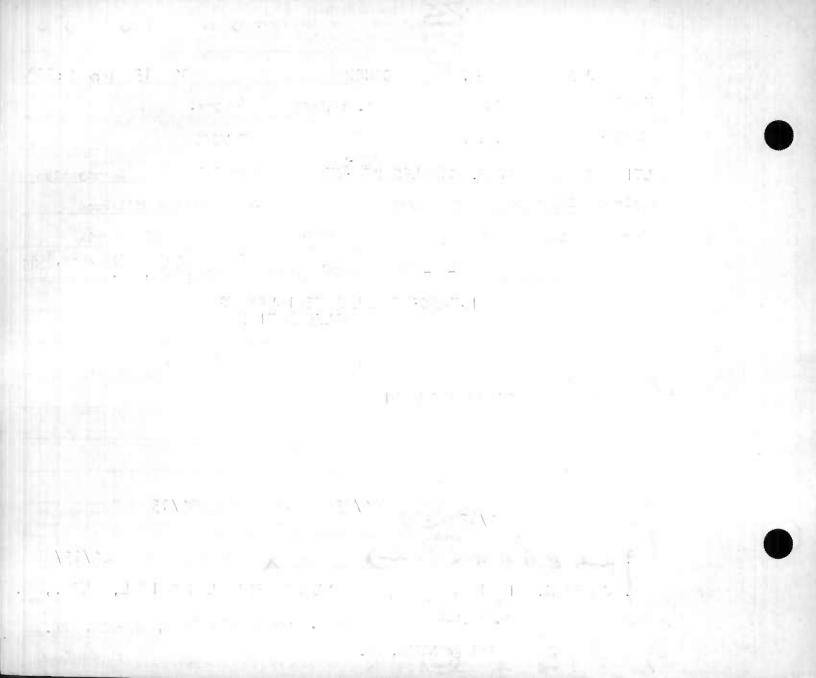
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE



	1 -	FOR STATE REGISTRAR			DEPARTA	AENT OF H	EALTH AND MENTAL I ICATE OF DEATH	HYGIENE 8	O REG. NO	0	3 0	8 3	
1		CEASED NAME ORPRINT)	FIRST		MIDDLE		AST	2e. DATE			DAY YEAR	26. HOUR	
	3 SE		NAC	4 RACE	Marie	CO 5. DATE C	HEN	4 AGE (III	O2		80	9:55PA	
	3 35	Female		Whit	е	Sep			yrs.		MONTHS DAYS		
Stonce.	7e. B	RIHPLACE (STATE OR FO	DREIGN	III C A			MARRIED MEVER MARRIED DIVORCED DIVORCED		1 BALTIMORE CITY OR COUNTY O			OF DEATH	
Politice d		ALTIMORE	ATH	11. NAME OF	HOSPITAL, NURSIN CH FACILITY, GIVE STREET I N. CHARL	G HOME C	PROTHER INSTITUTION TREET	(TYPE OF WI	LOCCUPATION MOST OF V		EI INDUSTRY	of BUSINESS OR	
A State	USU 13e	AL RESIDENCE (# NURS TATE Maryland	136 COUN Balt:	other institution TY imore	Owings M	N	134. INSIDE CITY LIMITS	3º STREE	I ADDRESS Enchant	ed Hi			
exomine.	14. F/	Roy	Lee	MODLE	Tramel		15. MOTHER'S MAIDEN Maude	NAME	MIDDLE	Blo	odwort	st h	
event, the medical	16a \	VAS DECEASED EVER (ES, NO OR UNKNOWN)			166 SOCIAL SECU 262-52-6		Donald Col	100 hen Ow:	O Encha ings Mi	nted	Md.	Road, B205	
Then please remove carb to burial, cremation, ar i injury, or other troumotic	z	Conditions, if any, gove rise to imm cause iol, statin underlying cause	nediote ig the last.	DUE TO, O	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO E PH PNEUN	NCE OF	MALFORM NOT RELATED TO THE T		ASE OR COND	ITION GIVI	EN IN PART I	(a)	
9 Sony	CERTIFICATION	19a DATE OF OPERA					N WAS PERFORMED	200 AU	TOPSY?	IN CERTIFY	, WERE FINDI YING CAUSES S	INGS USED S OF DEATH?	
hem 18 sho		210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	AUSE OF DEAT			YEAR	21c. HOW INJURY OCC	CURRED (ENTER	NATURE OF INJURY	IN ITEM 18, PA	ART 1 OR PART 2)		
rked or	MEDICAL	21d. INJURY OCCUR	HILE [7]		OF INJURY REET, FACTORY, OFFICE, F		211 LOCATION STREET		CITY OR TOWN	140	COUNTY	STATE	
of Healt		220.1 certify that (1) saw the decease above, (1) (we) (c	(this hospited alive on a	al) attended th 02	/ 13 19 E	70	02/03 , 19 0 and that in (my) (our) opin		rred on the dot	e ond hour	ond from the	that (1) (we) last causes stated	
detoched tote Dept		obove. (I) (we) (did) (did not) view the body after death. 27b SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN							/13/80				
should be detoc		DR. JAM		BIDD			MARY LAND			SPIT	AL, BAI	LTO.,MD	
- ~ \$ ≤	B	BURIAL, CREMATION, SPECIFY) Urial	REMOVAL	Feb.			emetery or cremato een Mem. Ga	rdens F	CATION YORTOWN Inkahur	ng. Cé		STATE	
1-16 20M 5, 4) 7/7B	24. F	UNERAL DIRECTOR	rett	_ 0	wings Mil	ls, M	Id. 250	DATERICO) B)	A 1000	IN REGISTS	intry 1	Bredy	



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J. J. B. Co. H. J. C. Co. H. J. C. Co. Co. J. C. Co. L. Co

JO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours often

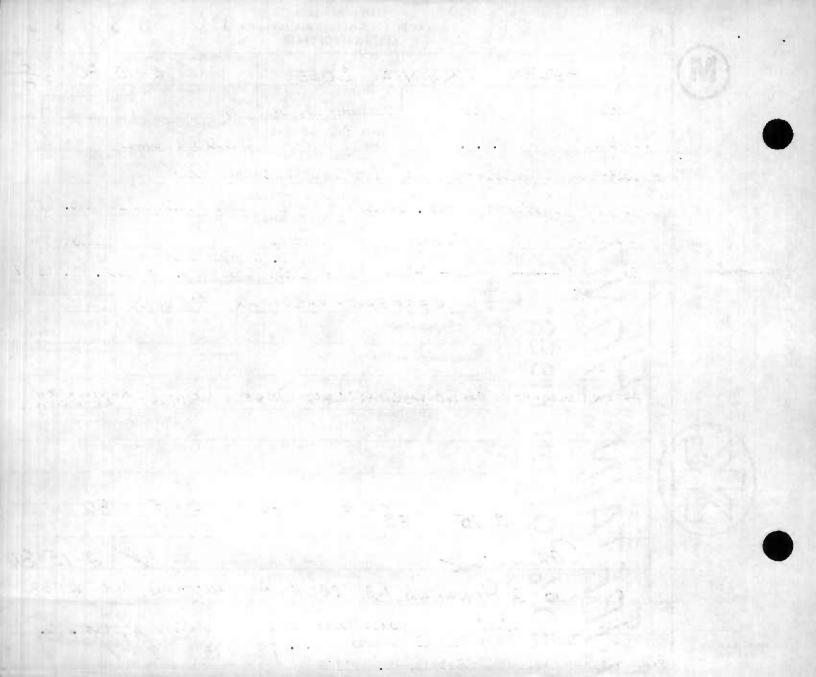
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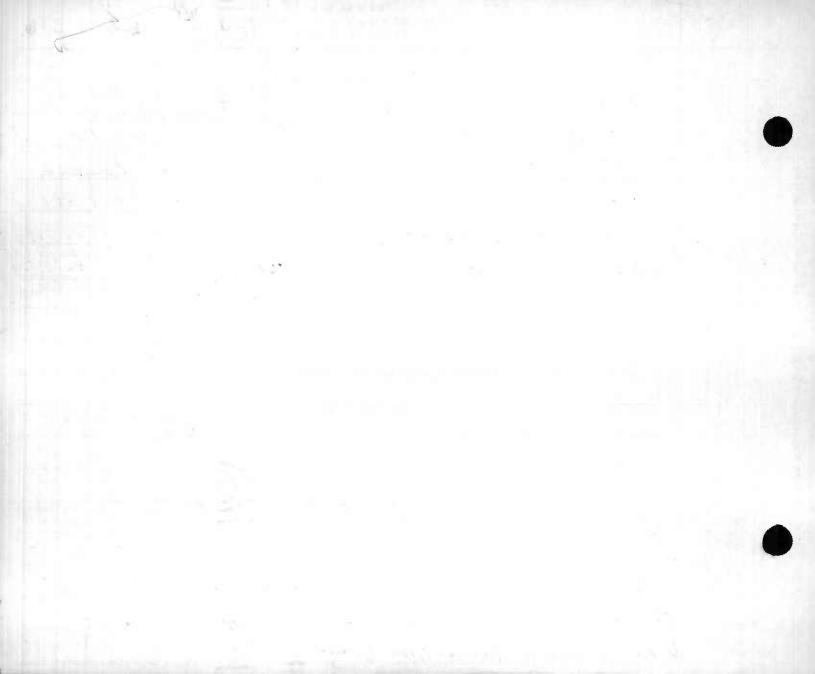
1		FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	3 0 8 5
1)	1 DEC	CEASED NAME FIRST OR PRINT) HELE	EN VIRGIN	114 COLE	26. DATE OF DEATH MONTH DAY	7-80 000
1	3. SE)	7 / -	4 RACE	S DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF	UNDER I YEAR IF UNDER A HR
		Female	White	December 17, 1927		NTHS DAYS HOURS MIN
0	7a BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8.	9 BALTIMORE CITY OR COUNTY O	F DEATH
13	CC	Virginia	$U_{\bullet}S_{\bullet}A_{\bullet}$	MARRIED WIDOWED DIVORCED	Baltimore Count	24 ^
55		ity or town of death	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION ADDRESS) Y General Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker	126 KIND OF BUSINESS C INDUSTRY
35	130 S Ma	ary land Bal		County YES NO X	13e STREET ADDRESS 3648 Paskin Plac	ee Apt. 2B
130		Unknown	Duckworth	15 MOTHER'S MAIDEN NAME FIRST Unknown	MIDDLE	Runion
1		VAS DECEASED EVER IN U.S., AR YES, NO OR UNKNOWN) (IF YES, GIVI NO ————————————————————————————————————	RMED FORCES? 166. SOCIAL SECU E WAR OR DATES) 213-36-26		Cassius COTE ^S Place Apt. 2B Bal	to. MD. 2120
	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT (DEATH BUT NOT RELATED TO THE TERM		IN PART TO RELIMATED
9	TIFICATION	gove rise to immediate couse (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO B		200. AUTOPSY? 206. IF YES, V	HIN PART HOLAR THRUTS WERE FINDINGS USED NG CAUSES OF DEATH?
9	CAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO BE CONDITIONS CONTRIBUTING TO BE CONDITION FOR WHICH	DEATH BUT NOT RELATED TO THE TERM BOULAN DISCASE DIA B OPERATION WAS PERFORMED 1716 HOW INJURY OCCUR	200. AUTOPSY? 200. IN CERTIFYII	WERE FIND INGS USED NG CAUSES OF DEATH?
9	MEDICAL CERTIFICATION	gove rise to immediate couse to instance to storing the underlying couse lost PART 2 OTHER SIGNIFICANT OF COURT OF COURT OF CONTRIBUTING CAUSE OF DE.	CONDITIONS CONTRIBUTING TO BE CONTRIBUTING TO BE CONTRIBUTING TO BE CONTRIBUTING TO BE CONTRIBUTED OF THE CONTRIBUTION FOR WHICH SHAPE OF THE CONTRIBUTED OF THE CONT	OPERATION WAS PERFORMED 216. HOW INJURY OCCURI	200. AUTOPSY? 2016 IF YES, WIN CERTIFFIE YES NO YES	WERE FINDINGS USED NG CAUSES OF DEATH?
		gove rise to immediate couse 101, storing the underlying cause lost PART 2 OTHER SIGNIFICANT OF COURT	21b. TIME OF INJURY HOUR A.M. MONTH D.P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	OPERATION WAS PERFORMED 21c. HOW INJURY OCCUR! AY YEAR 19 21f. LOCATION STREET DEGREE ATTENDING	200. AUTOPSY? 200. AUTOPSY? 200. IN CERTIFYII YES NO YES CITY OR TOWN CITY OR TOWN 200. AUTOPSY? YES NO YES CITY OR TOWN 200. AUTOPSY? 100. AUTOPS	WERE FINDINGS USED NG CAUSES OF DEATH? NO [] COUNTY STATE
		gove rise to immediate couse (a), stoting the underlying couse lost varietying couse lost part 2 OTHER SIGNIFICANT (ARTERIOSCUE) 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DE. (I) FEITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a. I certify that (I) (this hosping sow the deceased alive an above. (I) (we) (did.) (did.)	19b CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D.P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	OPERATION WAS PERFORMED 21t. HOW INJURY OCCUR! AY YEAR 19 21t. LOCATION STREET DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	200. AUTOPSY? 20b IF YES, V IN CERTIFYII YES NO YES SED (ENTER NATURE OF INJURY IN ITEM 18, PART CITY OR TOWN 10 2 - 15 19 death occurred an the date and haur a	COUNTY STATE CO

FEB 19 1980

DHMH - 16 50M 1/76 (VR A 15 (4))



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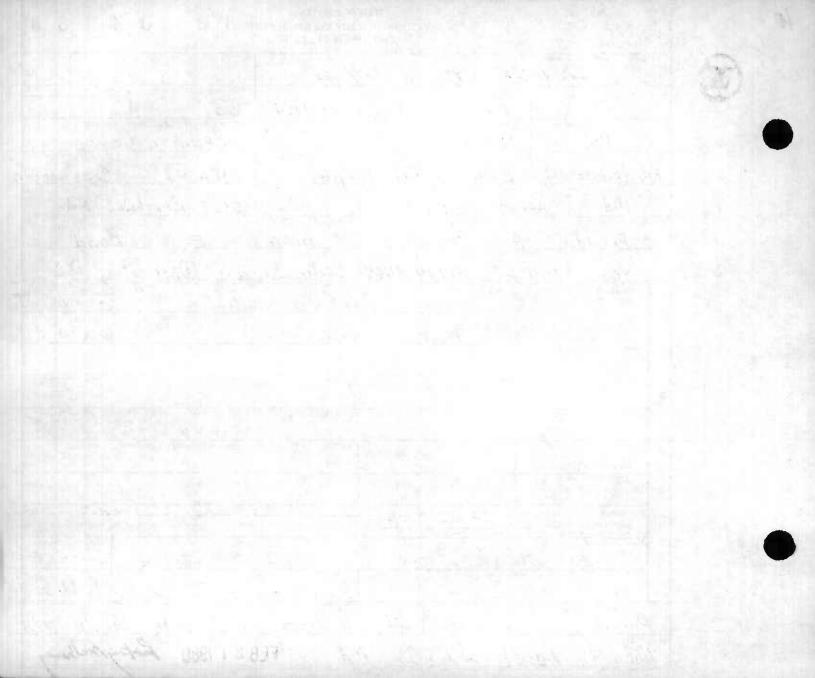


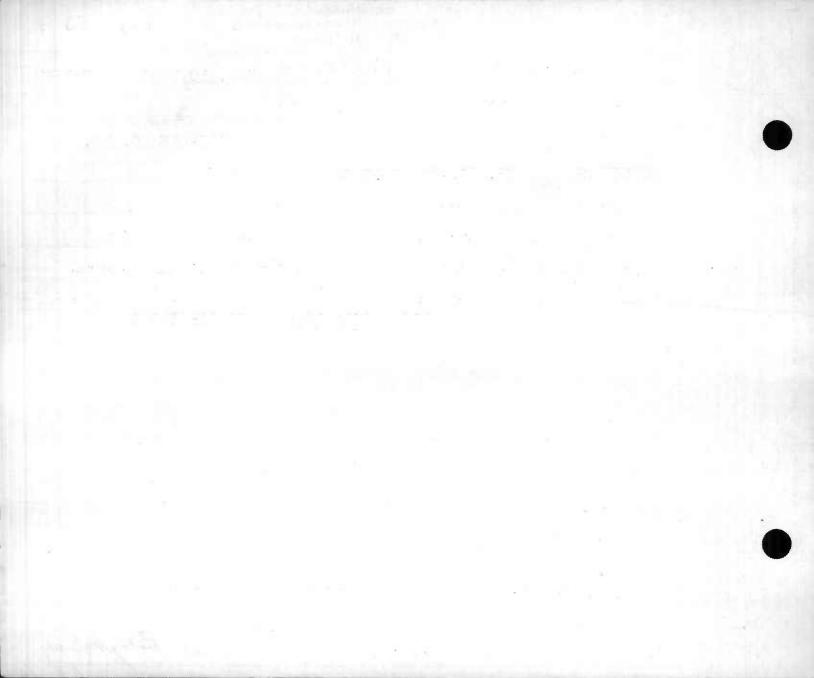
	I. DEC	EASED NAME	FIRST	,	MIDDLE	1.	AST	20. DATE OF	DEATH MON	YAG HTM	YEAR	2b. HOUR
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1	3. SEX			RACE	nigerus	S. DATE C)F BIRTH	6. AGE (IN YEA		Y) IF (UNDER I YEAR	IF UNDER 24
	Fe	emale		Whi	te	MONTH 9	18 1923	56		YRS.	NTHS DAYS	HOURS
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\$25	CC	arvland		II S	. A.	WIDOWE		Balti	imore	Count	V	
P		TY OR TOWN OF DE	ATH 11	. NAME OF	HOSPITAL, NURSI	NG HOME C	OR OTHER INSTITUTION	12a USUAL O	CCUPATION	2554-160	12b. KIND O	FBUSINES
57	RC	ssville	F	rank1	in Sal		Hospital		ewife		II VOOSTRI	
a -	USUA	L RESIDENCE (# NUR	SING HOME OR OT	HER INSTITUTION	, GIVE RESIDENCE BEFOR	RE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET A				
23A	13a S	ryland	Balti		Dundal		YES NO W	2802		rook	Ct.	Apt.
e e		THER'S NAME					15 MOTHER'S MAIDEN NA	AME	MIDDLE		145	
5030		Henry	MID	DLE	Krahr	1	Catherin	10	WIDDLE	K	rann	ina
9	16a. V	VAS DECEASED EVER	IN U.S. ARMI	D FORCES?	166 SOCIAL SEC		17. INFORMANT		Dunbr			
ed /	No	ES, NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	219-20-	-5793	Sharon Kof				MD	213
ě		18 CAUSE OF DEAT					1 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				APPROXI	MATE INTERV
other troumatic ever		Conditions, if ony gave rise to im couse (a), statiunderlying cous	mediate ng the	DUE TO, O	Brain M OR AS A CONSEQU Carcino OR AS A CONSEQU	JENCE OF						
ury, or other troumatic eve	Z	Conditions, if ony gove rise to im couse (a), stati underlying couse	, which mediate ng the e last.	DUE TO, O (b) DUE TO, O (c)	Carcino ORAS A CONSEQU	JENCE OF MA OT JENCE OF		MIN AL DISEASE	OR CONDIT	ION GIVEN	IN PART 1(0)
ny injury, or other troumatic evel	ATION	Conditions, if ony gove rise to im couse (o), stoti underlying cous	, which mediate ng the e lost.	DUE TO, O (b) DUE TO, O (c) ONDITIONS C	OR AS A CONSEQUENCE CARCINO OR AS A CONSEQUENCE CONTRIBUTING TO	JENCE OF JENCE OF DEATH BUT	Larynx NOT RELATED TO THE TER	MINAL DISEASE	PSY? 2	Ob. IF YES, \	WERE FINDIN	NGS USED
ws ony injury, or other troumotic eve	IFICATION	Conditions, if ony gove rise to im couse (a), stati underlying couse	, which mediate ng the e lost.	DUE TO, O (b) DUE TO, O (c) ONDITIONS C	OR AS A CONSEQUENCE CARCINO OR AS A CONSEQUENCE CONTRIBUTING TO	JENCE OF JENCE OF DEATH BUT	Larynx	20a. AUTO	PSY? 2	Ob. IF YES, \	WERE FINDING CAUSES	NGS USED
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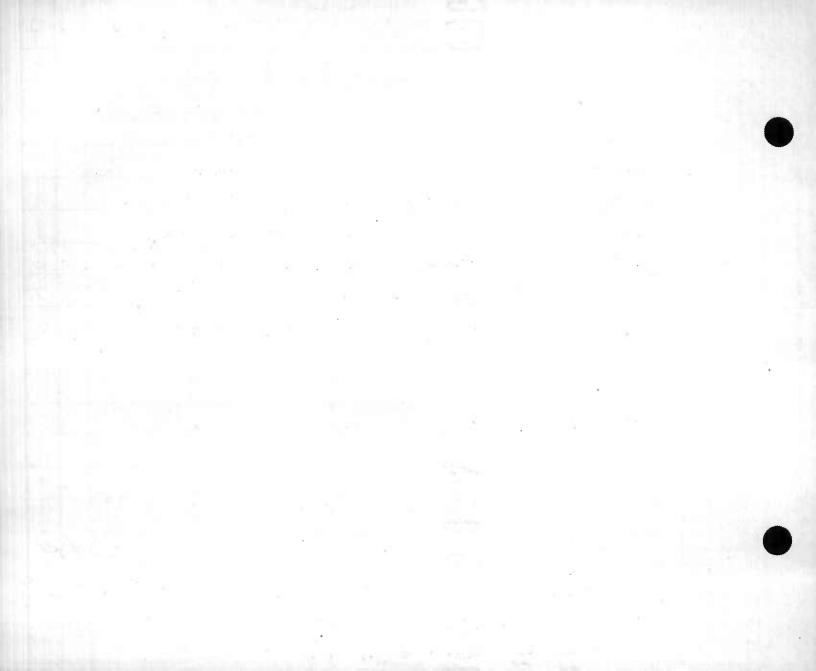
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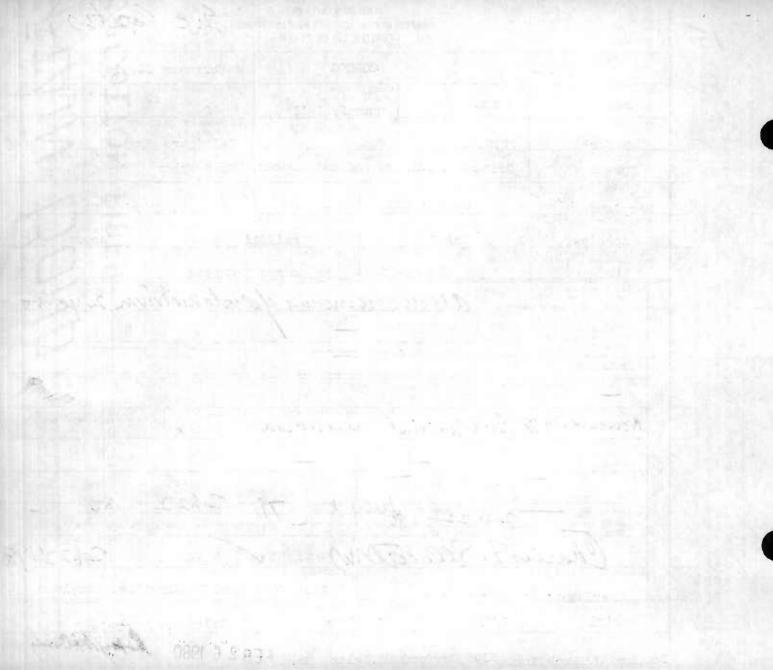
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH 2b. HOUR Frederick 10 2 3 SEX IF UNDER 1 YEAR IF UNDER 24 HRS MONTH 70. BIRTHPLACE ISTATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 7h CITIZEN OF WHAT COUNTRY MARRIED | NEVER MARRIED | COUNTRY DIVORCED WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12g USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE cinstruction USUAL RESIDENCE (IF NUR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMAN (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) APPROXIMATE INTER 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and ic. PART I. DEATH WAS CAUSED BY ne wer IMMEDIATE CAUSE (a Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS, CERTIFICATION a 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED ā IN CERTIFYING CAUSES OF DEATH? per Mental Hygiene NOX YES [NO F 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 MEDIC/ 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY STREET CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 22a. I certify that (I) (this hospital) attended the deceased from saw the deceased plive on_ and that in (my) (aur) opinion death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. should be detached with the State Dept. 226. SIGNATURE 22c. DATE SIGNED DEGREE * ATTENDING MEDICAL STAFF FUNERAL PHYSICIAN DIRECTOR PHYSICIAN DE 22d, PHYSICIAN'S NAME (TYPE OF PRINT 22e. ADDRESS IMPORTA SOON 230 BURIAL, CREMATION, REMOVAL 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 ADDRESS NAME (VR A 15 (4))







15	FOR STATE REGISTRAR	DEP	STATE OF MARYLA ARTMENT OF HEALTH AND A CERTIFICATE OF D	MENTAL HYGIENE	REG. NO.	122 9 9
	DECEASED NAME FIRST TYPE OR PRINT) EVELY	MIDDLE	CONTOS		Cebruary 22	, 1980 25 HC
3.	Female	4 RACE White	5. DATE OF BIRTH MONTH DAY June 5, 19	YEAR	IN YEARS LAST BIRTHDAY	IF UNDER 1 YEAR IF UND MONTHS DAYS HOURS
9	BIRTHPLACE (STATE OR FOREIGN COUNTRY) New York	76 CITIZEN OF WHAT COUN	TRY? 8. MARRIED - NEVERA	AARRIED - 9 BALTI	MORECITY OR COUN	NTY OF DEATH
bed with	CITY OR TOWN OF DEATH TOWSON	11. NAME OF HOSPITAL, NI	JRSING HOME OR OTHER INST	ITUTION 120 USU	AL OCCUPATION WORK FOR MORKING ME Maker	125 KIND OF BUSI
and be a series of the series	SUAL RESIDENCE (IF NUR ING HOME OF STATE 131 COU	OR OTHER INSTITUTION, GIVE RESIDENCE 13C CITY OR Balti			ET ADDRESS	rles St
and 2 sh	FATHER'S NAME FIRST Nicholas	A Sakelo	15 MOTHER'S	MAIDEN NAME FIRST Vasiliki	WIDDLE	Hanges
_	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL IVE WAR OR DATES)	SECURITY NO. 17 INFORMA		ADDRESS entos	argeb
or re	1820 IMMEDIA	DUE TO, OR AS A CONS	EQUENCE OF			
Then please remove carbo r to burial, cremation, or re injury, or ather traumatic	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	-	TO THE TERMINAL DIS	ease or condition (GIVEN IN PART 1101
if permit. Then please remove carbo giene prior to burial, cremothan, or re hows ony injury, or ather troumatic to	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING 196 CONDITION FOR W	EQUENCE OF — TO DEATH BUT NOT RELATED HICH OPERATION WAS PERFO TAL CALCUM	RMED 200 A	UTOPSY? 20b. IF Y	YES, WERE FINDINGS US TIFYING CAUSES OF DE YESNO
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- STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2h HOUR

HOURS

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STATE

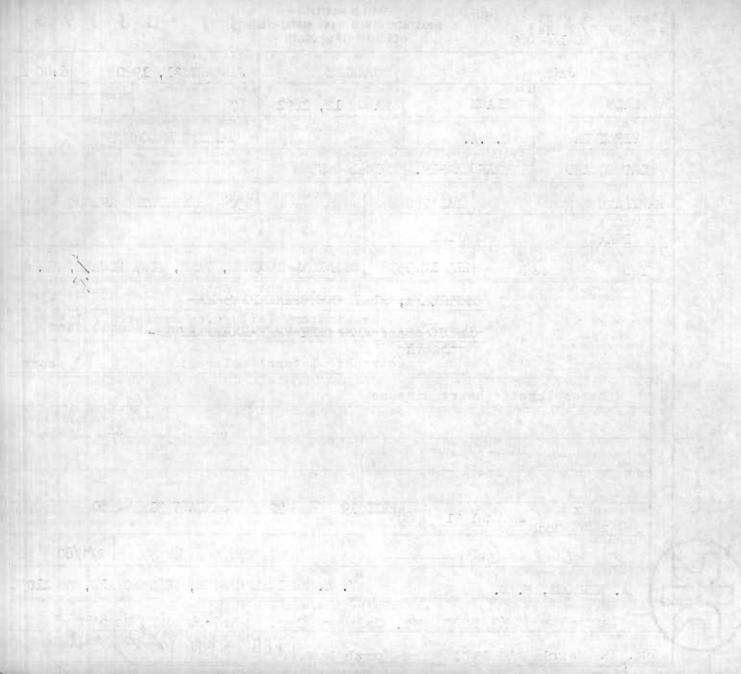
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IF UNDER 24 HRS

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See 3		CEASED NAME FIRST JACK		MIDOLE		AWLEY	JANUARY 31. 19	DAY YEAR	26 HOUR 6:40 P.	
poge poge	2.65		Ta page		5 DATE C			IF UNDER 1 YEAR	IF UNDER 24 HRS	
ector, ws offer	3. SE:	MALE	A RACE BLACE	K		CH 12, 1892	6. AGE (IN YEARS LAST BIRTHDAY) 87 YRS.	MONTHS DAYS	HOURS MIN.	
neral dir n 72 hours.	7a. Bl	RTHPLACE ISTATE OR FOREIGN VIRGINIA	U.S.A.		RY? 8 MARRIEI WIDOWE	NEVER MARRIED	9. BALTIMORE CITY OF COUNTY OF DEATH			
s offer d	10 C	ORT HOWARD		11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE					12b. KIND OF BUSINESS OR INDUSTRY	
24 hour filled in ould be f	USU. 13a S	AL RESIDENCE (IF NURSING HOME COUNTY) ARYLAND	OR OTHER INSTITUTION	GIVE RESIDENCE I	PEFORE ADMISSION) TOWN MORE	134 INSIDE CITY LIMITS?	3504 GREENSPRIN	G AVENU	E	
MARYLA rd within npletely and 2 sh	14 FA	THER'S NAME FIRST ISAAC	RAWLEY		15. MOTHER'S MAIDEN NA	LAST				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ratending physician. Wher this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be fill the and Mental Hyglene prior to burial, cremation, or removal. On them 18 shows any injury, or other traumatic event, the medical examiner must be as a second or the medical examiner must be as a second or the medical examiner.		VAS DECEASED EVER IN U.S. A	VE WAR OR DATES)	166 SOCIALS 213 12	3538	17. INFORMANT CLINICAL REC	ADDRESS CORDS, VAMC, FORT		-	
T., BALI Inficate physicic mpapers		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS)	TE CAUSE (o)	EMPHYSH	MA, -RIG	HT COSTOPHRE	NIO-ANGLE-	24	MATE INTERVAL ONSET AND DEATH	
death cer death cer ave carbo arrian, ar re		3353 Conditions, if ony, which	DUE TO, O			spiratory F	ailure, on assist	entilat	ion	
that the d by the ease rem oil, cremo	CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse last	DUE TO, O	R AS A CONS	Amyotro	phic latera	l sclerosis	2	years	
RDS, 20 equires in signe Then pl r to buri injury, c		PART 2 OTHER SIGNIFICANT Atheroscle				NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	EN IN PART 10	01	
TAI RECO		190 DATE OF OPERATION		ITION FOR WE	IICH OPERATIO	N WAS PERFORMED	YES XX NO YES	S, WERE FINDIN FYING CAUSES ES XX		
SION OF VITAI PHYSICIAN: The ending physicion this certificate I be buriol-transit and Mental Hygie d or Item 18 sha		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE {IF EITHER, NOTIFY MEDICAL EXAMINER	HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18,	PART 1 OR PART 2)		
DIVISION ING PHYS After this of os the but Ith and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OF	FICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
PEND fol or DR: A Heal		220. I certify that 戊 (this hosp saw the deceased alive o above ⅙ (we) (did) (♣ ⅙)	JANUAR	e deceased from	APRIL	19 , 19 79 d that in Kay) (our) opinion	, to JANUARY 31 , a death occurred on the date and had		that A. (we) last causes stated	
AL OR ATT y the hospin AL DIRECTO detached fo ore Dept. of		22b. SIGNATURE	0	· · ·		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	271/		
HOSPIII ned by FUNER old be on the St		22d. PHYSICIAN'S NAME (TYPE OF A. MENDOZA,		J		V. A. MEDICA	AL CENTER, FORT H	OWARD,	MD 21052	
5/2 BP	23a. E	BURIAL, CREMATION, REMOVA SPECIFY) Burial	236. DATE 2/7/3			emetery or crematory lvary Cem.	23d LOCATION CHYORTOWN Baltimore	Maryla	nd STATE	
DHMH - 16 50M 7/77 (VR A 15 (4))		INERAL DIRECTOR NAME Vm. C. March	F/H 1:	ACORES	s	25a_D.	TE REC'D. BY REGISTRAR 256. FEGIS	BAR'S SANA	DRE	



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Mitchell-Wiedefeld Home 6500 York Rd.21212

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

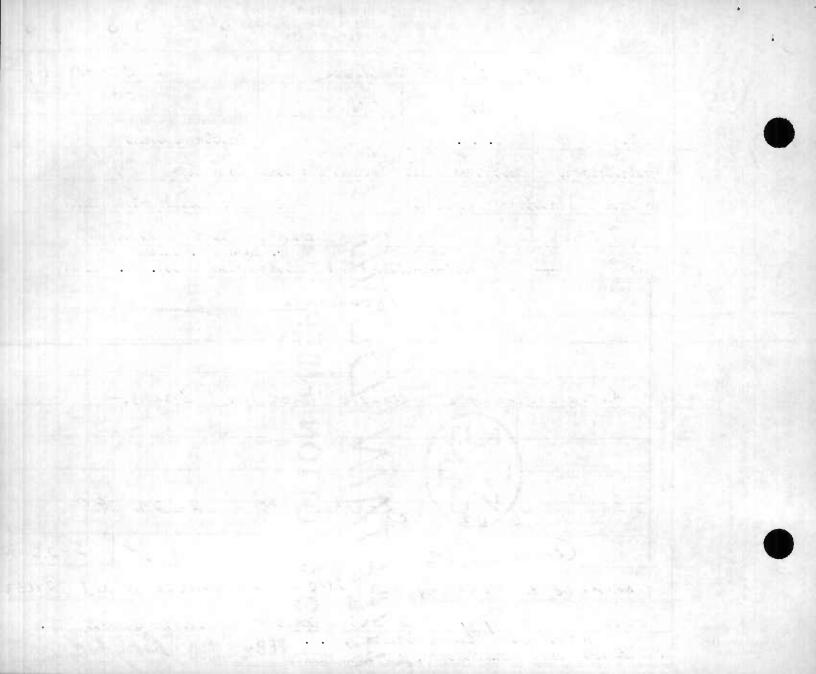
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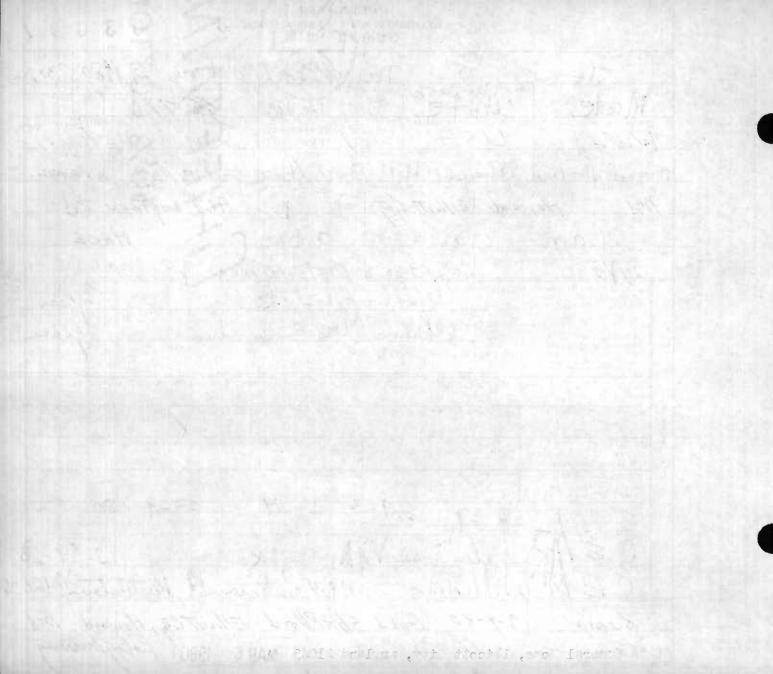
FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2n DATE OF DEATH 1. DECEASED NAME 2b HOUR TYPE OR PRINT! MARIE AGE (IN YEARS LAST BIRTHDAY) 3 SEX YEAR 2/5/1894 86 White Female 7a. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland Baltimore County U.S.A. WIDOWEDA A CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Randalls town. Baltimore County General Hospital Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
13b. COUNTY
13c CITY OR TOWN

Maryland
13c City OR TOWN

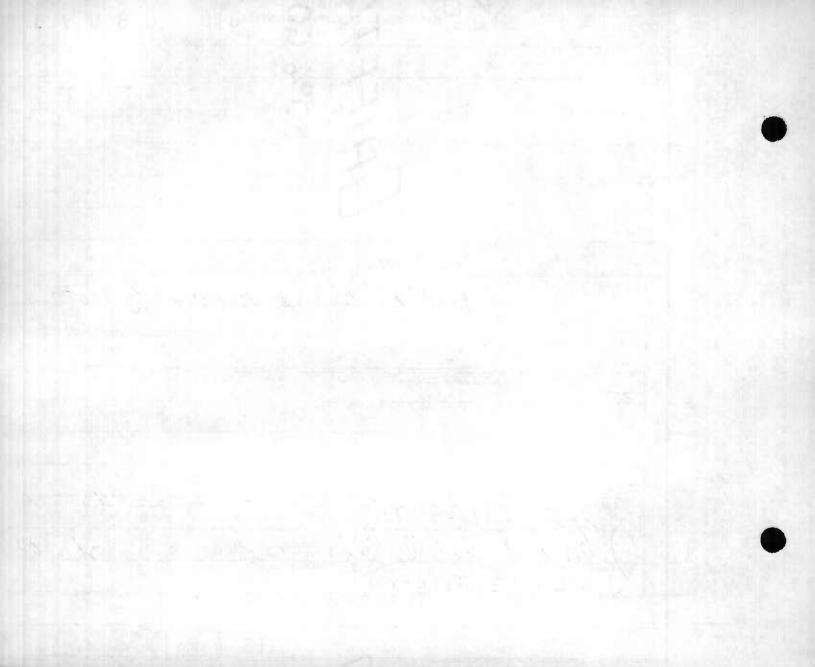
Rockdale 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 8007 Shelly Drive Maryland 27207 4 FATHER'S NAME Beggs John Martha Ellen Stoner 17. INFORMANT Mr. Robert JADDESSLer 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-01-1731D 8007 Shelley Drive Balto. MD. 21207 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY NEUMENIA IMMEDIATE CAUSE IG PRESTON DUE TO OR AS A CONSEQUENCE OF Canditions, if onv. which gave rise to immediate couse lot, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED à IN CERTIFYING CAUSES OF DEATH? YES [NO F NO 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from, 80 saw the deceased alive an. _, and that in (my) (our) apinion death accurred an the date and haur and fram the couses stated abave, (1) (we) (did) (did nat) view the body after death. DEGREE 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS should be with the St 22d. PHYSICIAN'S NAME (TYPE OR PRINT) BEGH - RANDAUS TOWN CONANN, MD 23d. LOCATION 23r. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Burial Meadowridge Cemetery Wesminister Carroll MD 24. FUNERAL DIRECTORORING Byers Funeral Directors, P.A. DHMH - 16 50M 1/76 8728 Liberty Road Randallstown, Maryland 2113 (VR A 15 (4))



Euneral Home Ellicott City Maryland



4	1	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	
412-22	1. DI	ECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR	
1 2	E	MILIA del CARM	MEN DIAZ GARRI	DO	Feb. 6, 1980	м
(Bell)	3 58	X	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HE	
(IAI)		Female	White	Dec. 25, 1926	53 YRS MONTHS DAYS HOURS MIN	1
1 12 17	1 1	RTHPLACE (STATE OR FOREIGN OUNTRY) Dominican kep.	The CYTIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	Baltimore County of DEATH Baltimore County	
		TITY OR TOWN OF DEATH		IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION 126 KIND OF BUSINESS C	MD. OR
102		Cockeysville		Valley Drive	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	
MARYLAND 2120 ed within 24 bours impleredy filled in by and 2 should be fit	13a.	STATE 136 COUN Maryland Balt		N 13d INSIDE CITY LIMITS? VILLE YES \(\tag{Y}\) NO \(\tag{Y}\) Y	13. STREET ADDRESS 313 Limestone Valley Dri	ve
RYLA Presy 12 sh		ATHER'S NAME	AIDDLE LAST	15 MOTHER'S MAIDEN NA	ME MIDDLE LAST	_
	0	Jose Diaz		Car	men Diaz	
BALTIMORE, cote be avery species and copes, species foges, will the intedical		WAS DECEASED EVER IN U.S. ARI YES, NO OR UNKNOWN] (IF YES, GIVE	MAR OR DATECT	170	ADDRESS	
LTIM Series		no	y ane cause per lipe for (o), (b) Any		313 Limeston Valley Dr. APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	
W. PRESTON ST., or the death certifi by the ottending phase surface phase certifically and crematical, for remo		PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last.	DBY: E CAUSE (a) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)		cinima-Blast	
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L RECOS. The low report of permit ene prior e	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO	
DIVISION OF VITAL RECORDS, 201 ING PHYSICIAN: The low require the rottending physicion. After this certificote has been signed to sthe burnoth-rosist permit Then pleat the and Memial Hygiene prior to be up the and Memial Hygiene prior to be updated or them 18 shows ony injury are	7 1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	The second secon	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)	
ION OF HYSICIA hding ph his certif buriol-ti I Mental or frem	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	21f. LOCATION	CITY OR TOWN COUNTY STATE	-
DIVIS DING P or atter atter tl e os the olth and	\$	AT WORK NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.]	CITY OR TOWN COUNTY STATE	
O a d o o E		saw the deceased alive on.	al) attended the deceased from	19 and that in (pg) (our) opinion	death occurred an the date and hour and from the couses stated	ost
TO HOSPITAL OR ATTEN retained by the haspital TO FUNERAL DIRECTOR should be detached for un with the Stote Dept of HE		THE PART OF THE PA	11 Julia	DEGREE ATTENDING PHYSICIAN C	MEDICAL STAFF PIRECTOR PHYSICIAN 220, DATE SIGNED 80)
HOS pined S FUN ovld b th the PORT.		VJ L. LIC	MTENTERD -		levedere Avenue	
0000 E 543 8-	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c N	AME OF CEMETERY OR CREMATORY	23d. LOCATION ENVORJOWN DO STATE	=
BP		burial	C	ementerio Municip		р.
DHMH - 16 60M 1/75		UNERAL DIRECTOR	ADDRESS	T" T-	E REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
(VR A 15 (4))		Evans Funeral	Chapel 2325 You	ck Road FE	B 8 1980 history McChenter	



leston, lass.

Jesse Derry, Jr.

Cremation 2-0-10

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(M.M.)

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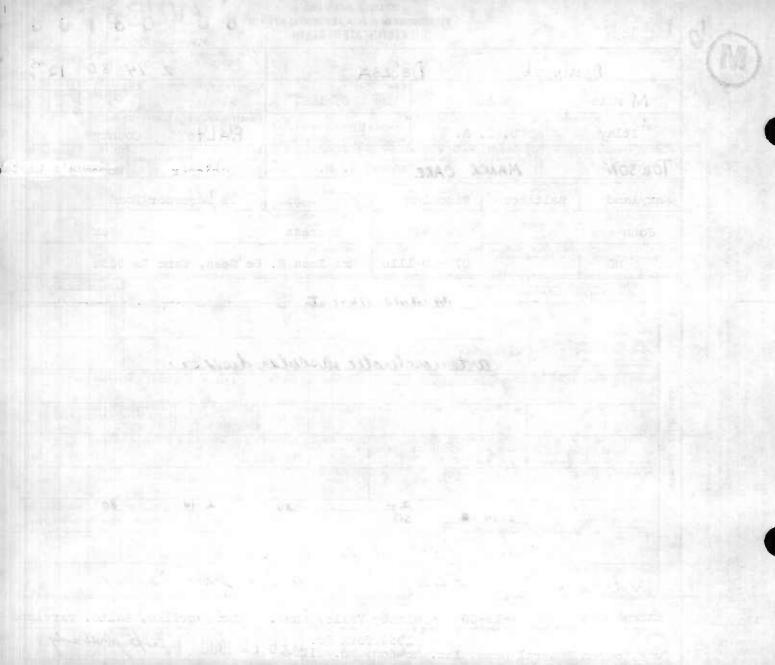
1405-11 nt'n St. Virginia Be co, V. .
Mrs Susan aler-dau nter

Lee's Crematery

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ushin ton, D.C. 20002

Moser Funeral Home P.O. Box 155 arrenton, Va.



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medical examiner must be notified

injury, or other troumatic event, the

should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Item 21 is marked or Item 18 shaws any

in by the

completely filled in by the 1 and 2 should be filed

		STATE REGISTRAR				E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0	0	3 1	0	1
1		CEASED NAME FIRST IRMA	O.	DE		TERS ROSIERS	20 DATE OF DEATH	DA DA	0/80	26. HOU	R 6 Am
ľ	SEX		RACE White	5	DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRTI	- /	UNDER I YEAR	IF UNDER HOURS	24 HRS MIN.
2	CC	RTHPLACE (STATE OR FOREIGN 7) DUNTRY) Ssachusetts	U.S.A.		MARRIEI	DEN NEVER MARRIED	Baltimore City o	_			MD.
10		TY OR TOWN OF DEATH	(IF NOT IN SUCH FA	Care, Ru	RESS)	R OTHER INSTITUTION	12e USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Housewife		12h. KIND (INDUSTRY	F BUSINE	SS OR
113	30 S	AL RESIDENCE (IF MURSING HOME OR OT TATE 13b. COUNTY SSachusetts	130	e residence before ad . CITY OR TOWN South Hac		134. INSIDE CITY LIMITS?	310 Amhers	t Road	l		
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16		VAS DECEASED EVER IN U.S. ARME ES, NO OR UNKNOWN) (IF YES, GIVE W NO	AR OR DATES)	SOCIAL SECURIT 24-10-069		NY INFORMANT Ryder Funeral	ADDRE Home 33 La		S.Had	dley,	Mas
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS (b) DUE TO, OR AS (c)	S A CONSEQUENCES	CE OF	n uclear of the terminal to th			oner	MATE INTER ONSET AND	DEATH ! WY
40121	CERTIFICATION	19a DATE OF OPERATION	196 CONDITIO	N FOR WHICH OF	PERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDI		H?
	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF IN HOUR A.M. P.M.	MONTH DAY	YEAR	21c HOW INJURY OCCURR		1	<u> </u>		,
A SOLO SA	WEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF I (AT HOME, STREET,	NJURY FACTORY, OFFICE, FARM	A, ETC)	211 LOCATION STREET	CITY OR TOW	'N	COUNTY	ST	ATE
		220 I certify that (1) (this hospital saw the deceased alive an above, (1) (we) (did) (did hat) v			, on	d that in (my) (our) apinion o	, to leath occurred an the da		ond from the		.,
		226. SIGNATURE 226. PHYSICIAN'S NAME (TYPE OR PE	Sir,	Koas	/	ATTENDING PHYSICIAN TO	MEDICAL STAF		22c. DATE	SIGNED	

BP. DHMH-16 20M (VRA 15, 4) 7/78

TO FUNERAL DIRECTOR:

TO HOSPITAL

Burial
24. FUNERAL DIRECTOR

23a. BURIAL, CREMATION, REMOVAL

(SPECIFY)

23c NAME OF CEMETERY OR CREMATORY 2-11-1980 Evergreen

23d. LOCATION

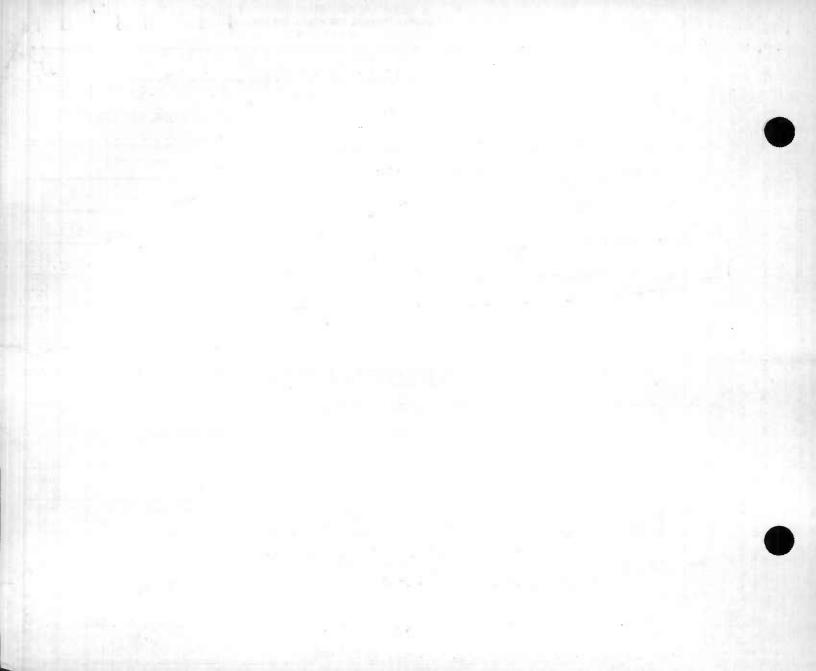
COUNTY

STATE Massachusetts

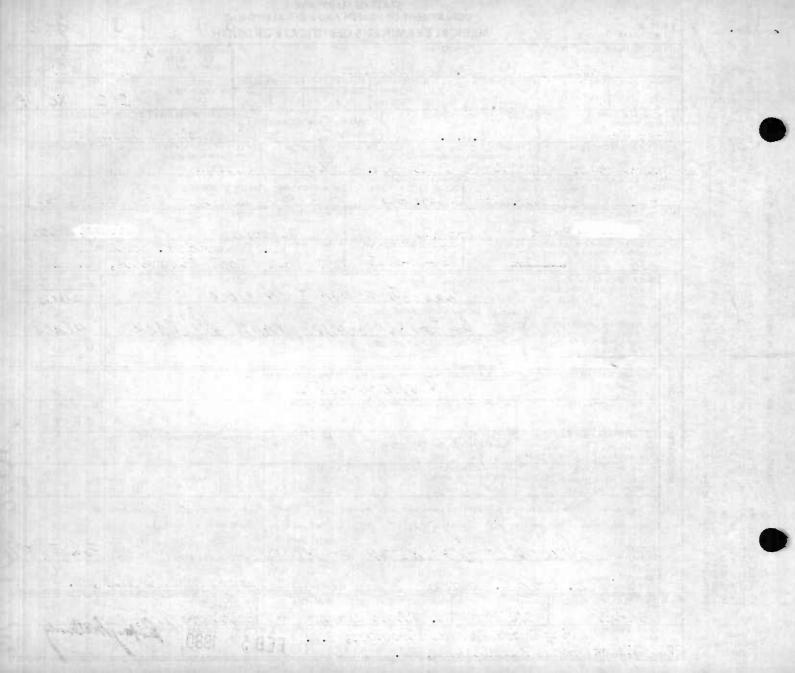
ADDR 1050 York Road Towson, Maryland Ruck TowsonFuneral Home, Inc.

236. DATE

South Hadley Massac 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE FEB \$ 1980



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Witzke Funeral Home of Catonsville, P.A. 21228

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

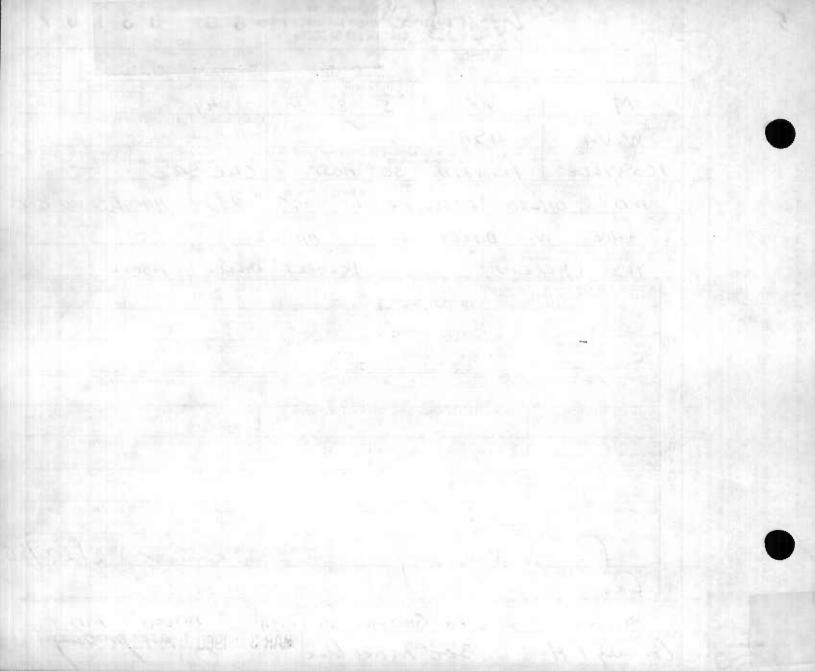
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(VRA 15, 4) 1/79

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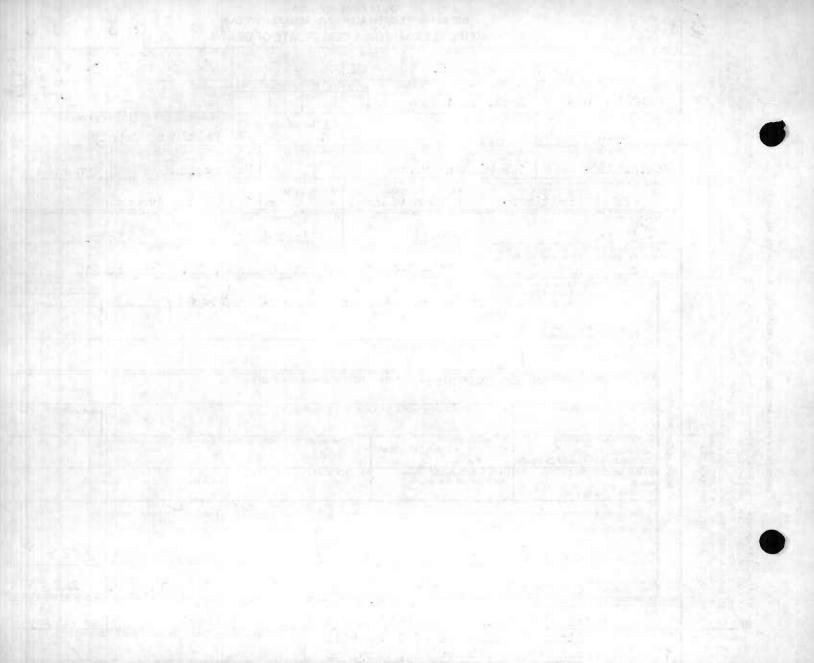
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME R. DATE KNOWN (TYPE OR PRINT) George Charles Dilli. DEATH MATED XX 3 10 80 4. RACE 6 AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 6:00 AST BIRTHDAY 1080 male white DEAD 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Balto. Md. Baltimore U.S.A. County DIVORCED 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS O. CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY -garageArea Catonsville, Bus Driver Montrose Transport. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore 13c. CITY OR TOWN Catonsville YES 🗌 2 Montrose Avenue NO D 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME Charles Dilli. Sr. George Mary Warholik Catonsville Md. 21228 17. INFORMANT 214-78-2312 George C. Dilli, Sr. - 2 Montrose CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) -shotgun Shotgun wound of chest PART I DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 196. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO 71a. EXTERNAL CAUSE WAS 216. TIME OF INJURY (est.) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY self inflicted wound UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME, 71f. LOCATION 21d. INJURY OCCURRED Montrose Avenue, Catonsville, BaltoCo., MD AT WORK AT WORK home garage (BodyOnly 220. I certify that I took charge of the remains described above, held an Hamicide Undetermined manner death resulted fram: TITLE (SPECIFY) 2/8/80 DATE Assistant SIGNED SIGNATURE EXAMINER'S NAME Hormez R. Guard, MD Street, Balto, MD 21201 ADDRILL Penn 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236. DATE Loudon Park Cemetery - Baltimore, Maryland 2/9/80 Burial 24. FUNERAL DIRECTOR Sterling Juneral Entate 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR LEIGHANDE **DHMH-17** 756 Edmondson Ave. VR A15 ME (5)) 15M 7/76 Catonsulla Ald 21220

45 CENTRAL - 1210/152 usustati san sasti s the state of the s . the same of the control of the con the state and the same as a second state of the same and the same as a second state of the same George Library 2 11 : Dr. Caronapilie, No. 1218 The state of the s Burgaria, along the to the toron of the transfer of the transf



DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN TO MONTH (TYPE OR PRINT) ESTI-MARTHA С. DIXON DEATH MATED 4. RACE DATE OF BIRTH SEX 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOLINCED Female White Sept. 6. 1899 DEAD 80 Th. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY 3 Baltimore County New Jersev USA WIDOWED X DIVORCED PAGE 5 E FILED, 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE)

OR INDUSTRY NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 109 Hilton Avenue Catonsville Homemaker Own Home SHOULD BE RECORDS. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? / 13e. STREET ADDRESS 13a. STATE 13b. COUNTY 13c. CITY OR TOWN Baltimore Md Catonsville 109 Hilton Avenue OF-VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME AND 2 MIDDLE LAST MIDDLE LAST FIRST William Crowell Elizabeth McArdle 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT ADDRESS DIVISION IYES, NO, OR UNKNOWN 212-07-2431 Jonathan Dixon. Same as #13 CAUSE OF DEATH (Enter only one cause per line for fa), (b), and (c) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY AND MENTAL HYGIENE IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last CREMATION, PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF PRIOR TO BURIAL, YES NO T 3 SHOULD BE 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21e. PLACE OF INJURY 21d. INJURY OCCURRED (AT HOME 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE STATE 21201 SHOULD BE FOR 22a. I certify that I taak charge of the remains described above, held on Autapsy and in my opinion MARYLAND. death resulted from: Undetermined manner PAGE 4 SHOUN TO FUNERAL D AFTER DEATH, BALTIMORE, MA DATE EXAMINER'S NAME EXAMINER'S NAME CONKADO 230 BURIAL CREMATION REMOVAL 236 DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE 2/27/80 Burial Hillside Cemeterv Lynhurst New Jersey BP 24 FUNERAL DIRECTOR Witzke Funeral Home of Catonsville 250 DATE REC'D. BY REGISTRAR 156 RECESTRARS SIGNATURE **DHMH - 17** (VR A15 ME (5)) 1630 Edmondson Avenue Catonsville, Maryland 30M 7/73



CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

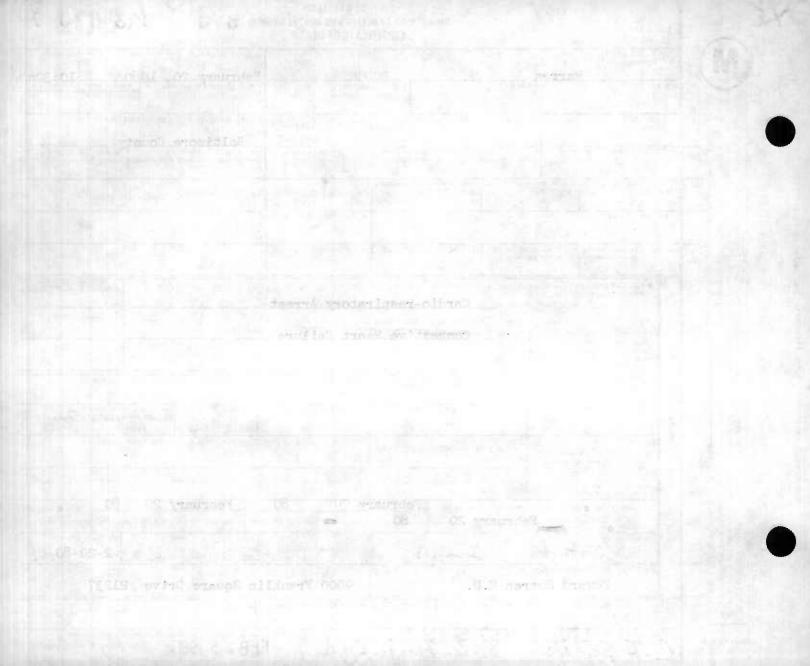
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(VRA 15, 4) 1/79

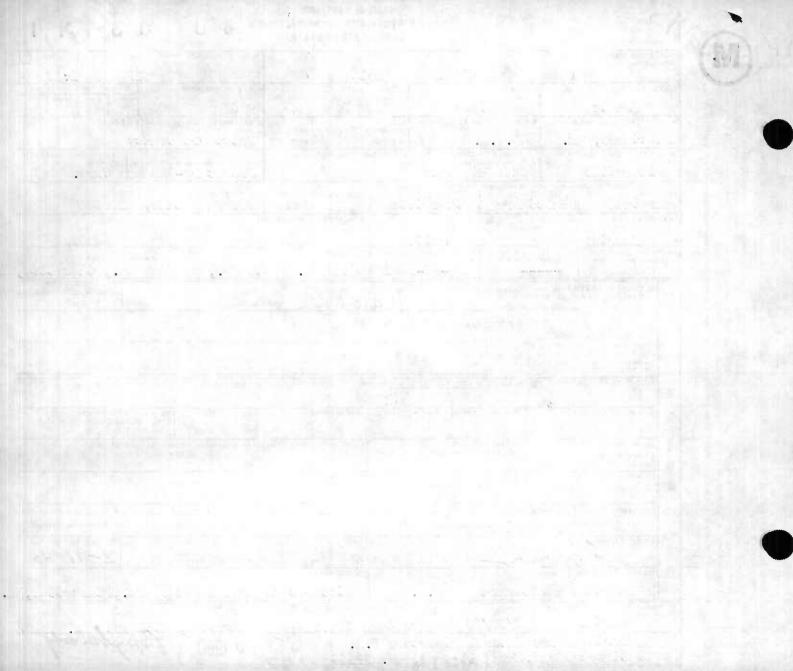
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A.c. H. Stories Common Committee Lett. Witness Longo Date III. Francis USAS Toggist Prouts as Andread . A fronte Call I are till S. Joseph. residence some inch The first telegraph of the control o BORD THAT IS III SEED WERE Peb. 15, 15th Loady Family Committee Committee pro- Later Later Mily a seise, inc. 1951 assort ave.

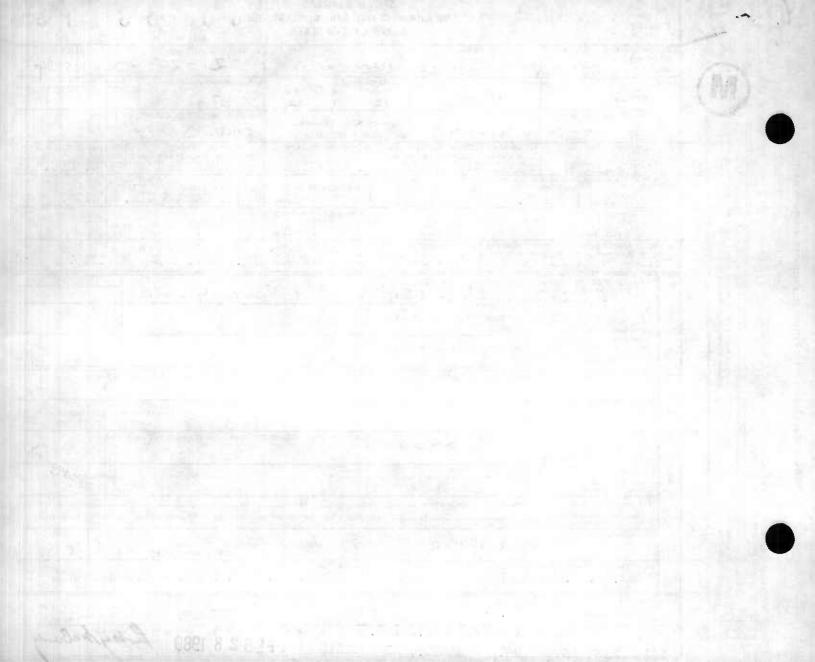
8728 Liberty Road, Randallstown, Md. 21133

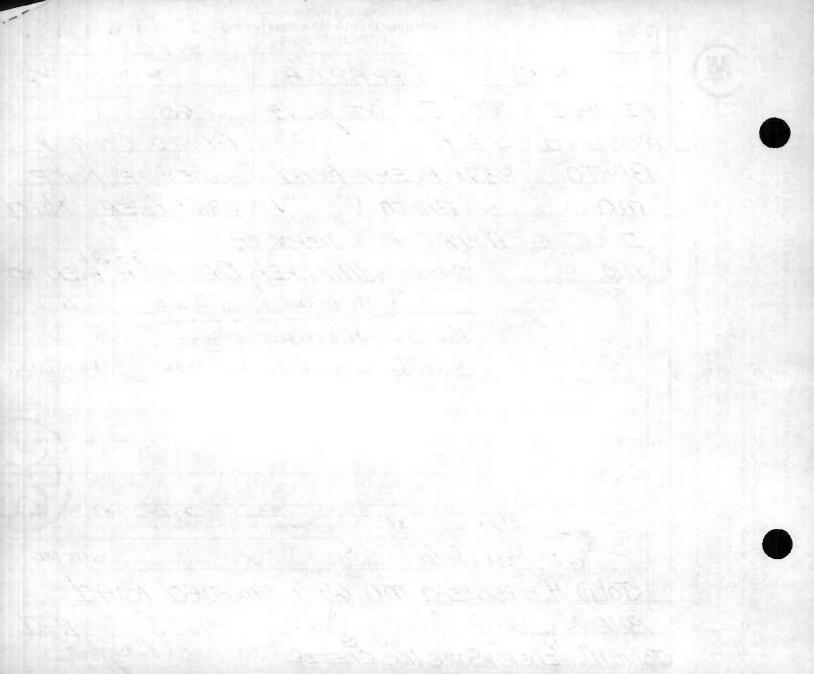
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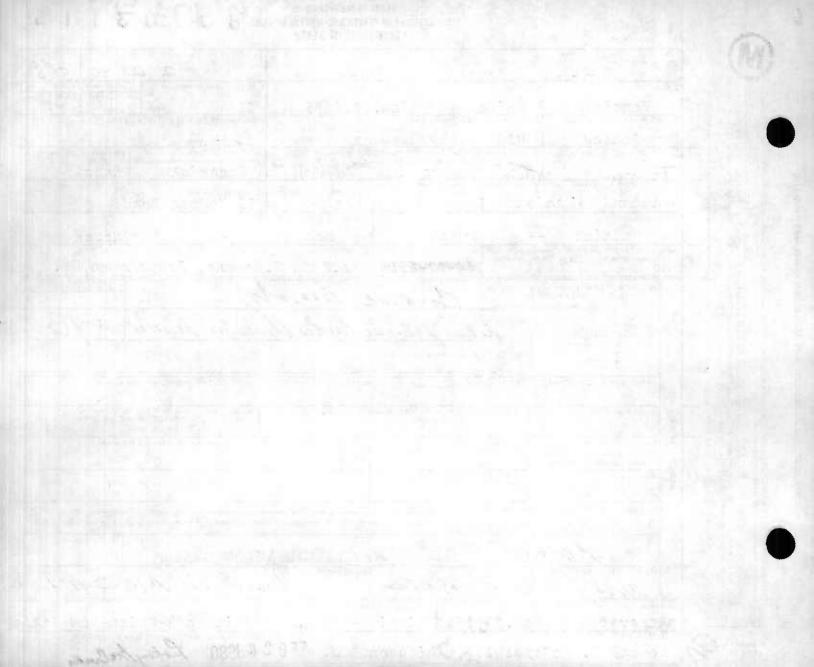


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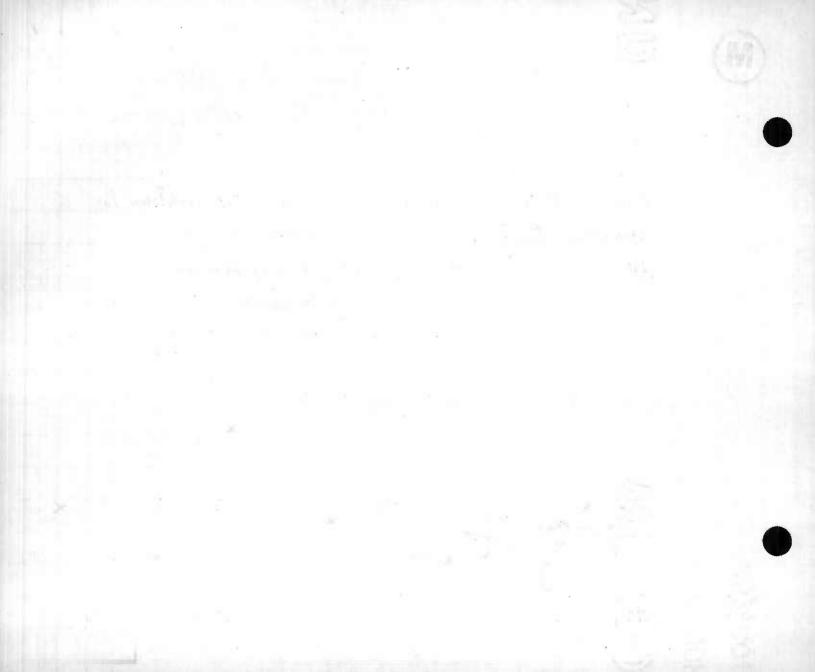
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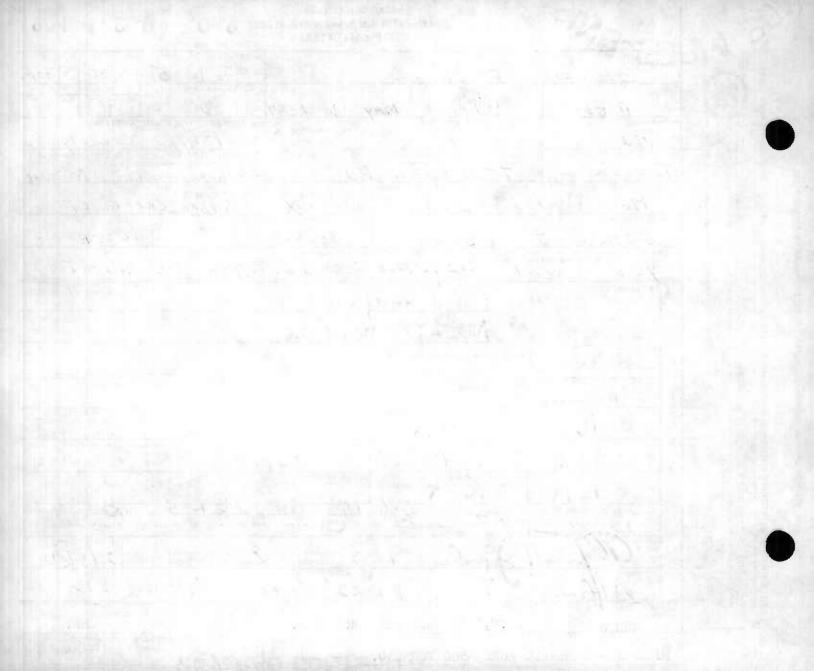






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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 70 DATE OF DEATH MONTH L DECEASED NAME (TYPE OR PRINT) HARRIET R. **ENDRESS** February 25, 1980 11:00 A. 4 RACE 6. AGE IIN YEARS LAST BIRTHDAY) 3 SEX 5. DATE OF BIRTH HOURS Female Caucasian 01 - 28 - 1913BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Jamestown N.Y. USA Baltimore County WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 176 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET AODRESS Retired Piano Teacher INDUSTRY Greater Baltimore Medical Center Towson DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 Reisterstown 13. SIREET APPRESS 420 Highmeadow Road Md. 13d INSIDE CITY LIMITS? 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST Harry Reger Anne Vree land 166 SOCIAL SECURITY NO. 60 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 056-38-8386 Mrs. Elizabeth E. Livermore Reisterstown, Mc APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Renal failure 14 days DUE TO, OR AS A CONSEQUENCE OF Septicemia 14 days Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse Hemophilus epiglotitis 14 days PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION Disseminated intravascular coagulation; gangrene 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? ESXX NOT YESXX 71n ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED. JENTER NATURE OF INJURY IN ITEM 3/L PART 1 OR PART 21 Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that X (this haspital) attended the deceased from February 10, 19, 80, to February 25, 19, 80, that X (we) liss with educeased alive on February 25, 19, 80, and that in XX (our) opinion death occurred on the date and hour and from the causes stated sow the deceosed olive on February 25 obove, (X (we) (did) (XXXt) view the body ofter death. 72h SIGNATUR 22c DATE SIGNED DEGREE MEDICAL 2/25/80 DIRECTOR PHYSICIANXX PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Margaret L. Dobson, M.D. 6701 N. Charles St., Baltimore, MD. 21204 231. NAME OF CEMETERY OR CREMATORY 236. BURIAL CREMATION, REMOVAL 236, DATE Syracuse N. Y. STATE Birial March 1,1980 Greenlawn Memorial 15 DIATE REC D. BY REGISTRAR 256 REGISTRAR SSIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 50M 1/76 Eline Funeral Home Reisterstown, Md. 21136 (VR A 15 (4))

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(5)	Female	4. RACE White	5. DATE OF BIRTH MONTH 26-1906	6. AGE (IN YEARS IF UN LAST PRIHDAY) MONT YRS.	NDER 1 YR. IF UND	DER 24 HRS. 2c. DATE MIN. PRONOUNC DEAD	Feb. 22	DAY YEAR 20	M HOUR
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DELAY IS NOTHER PAGE SEFILED	10. CITY OR TOW	terstown,	11. NAME OF HOSPITAL, NU (IF NOT INSUCH SICIETY, GIVES	TREET APPRESS)	B2	120. USUAL OCCUPA	ATION (TYPE OF WORK NG LIFE) LEPHONE (OR INDUSTRY	NESS
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TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTMORE, MARYLAND, 217		ulted from: Notu	ge of the remains described aboral causes A. Accident	ve, held an Autop , Suicide Mon 100 M	sy , Inspe Hamicide TITLE (SPECIFY		ner ,		0
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		Bu	rial	2/25/80			f Faith	"Ba	l'timore		ito.	Md.
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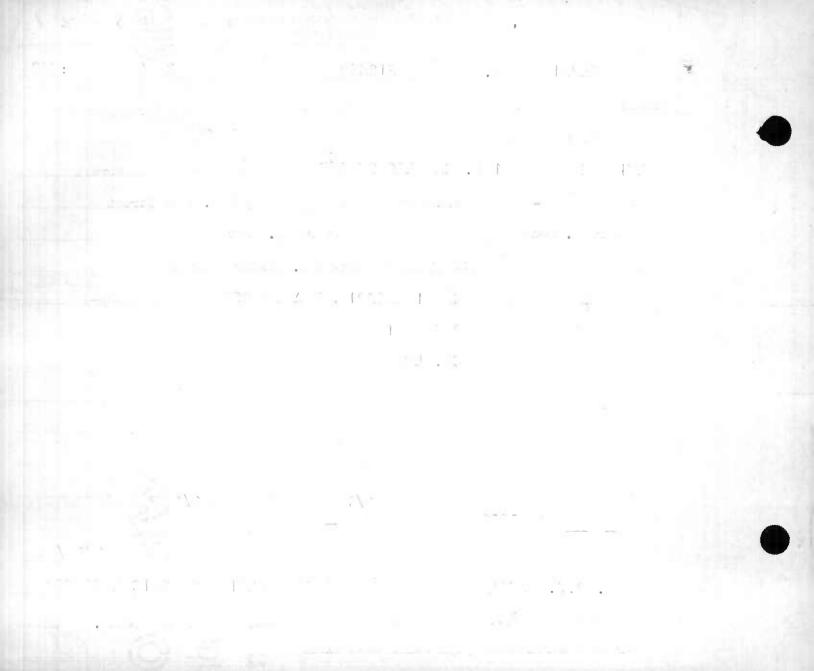
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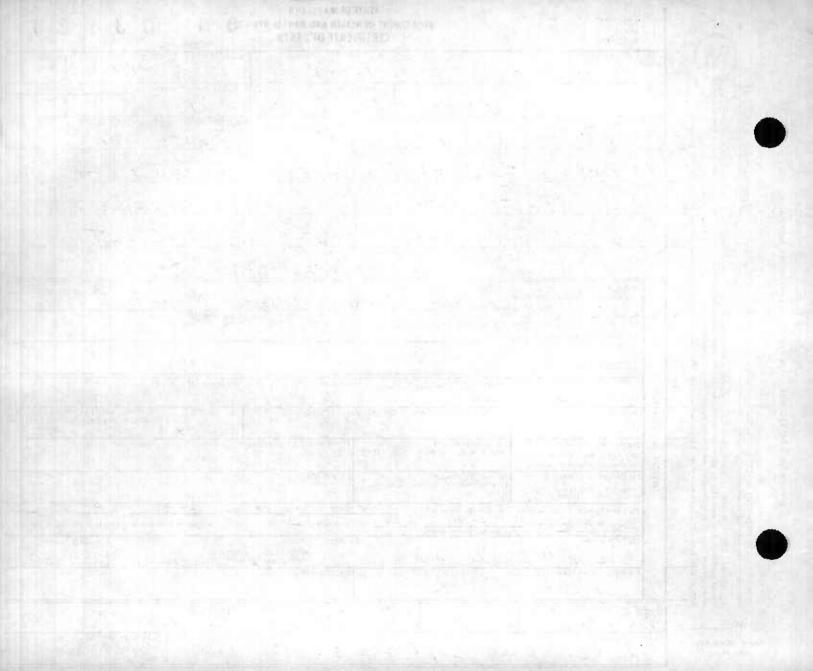
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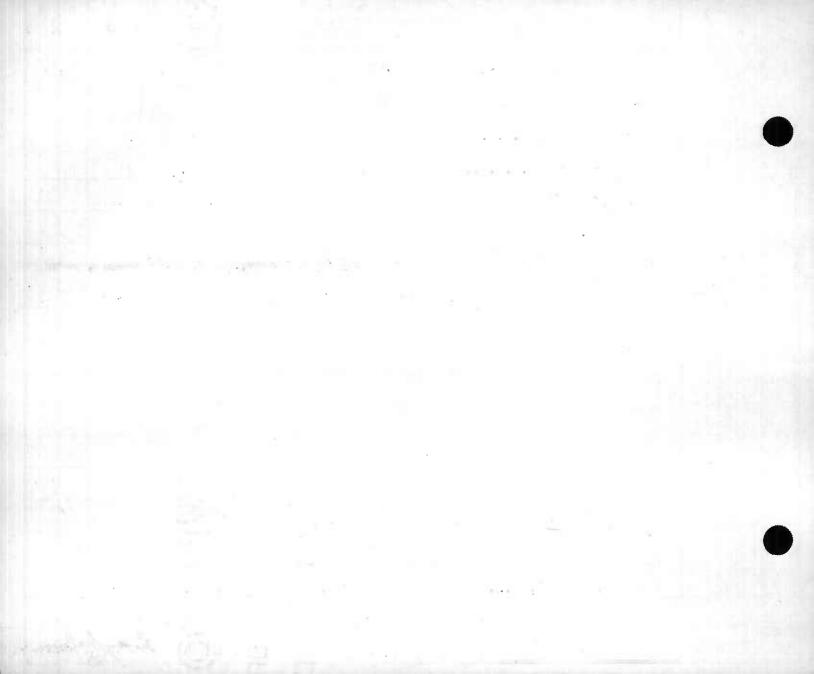
IK			100		STATE OF MARYLAND		0 7 1 0 0
X		1 -	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		03128
/	(BA)		CEASED NAME FIRST	WIDDLE	LAST	REG. NO 20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
	9 0 0 E	{TYPE	ORPRINT) ELIZABE	TH	FLYNN	rebruary	9,1980
	mgy r. po	3 SE	· -	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HWS
	oge 4 rector		F	WHITE	AUG. 18 191	8 61	YRS
	th. Po		RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIE		R COUNTY OF DEATH
	her deor	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	WIDOWED DIVORCEI		ON 126 KIND OF BUSINESS OR
103	by the filled will	6	ATONSVILLE	22 SEMIN	TADDRESSI AVE.	TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUSTRY
ID 212	hour d be	USU/ 13a S	AL RESIDENCE (IF NURSING HOME OF		WN 134 INSIDE CITY LIM	ITS? 13e STREET ADDRESS	
LAN		14 FA	THER'S NAME	470. CHTON	YES NO D		TNOCE AVE-
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ORE,	n ond co			RMED FORCES? 166 SOCIAL SEG	CURITY NO. 17 INFORMANT	ADDRE .	SS
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STOI	deoth ce offendin nove corb offen, or i froumotic		Conditions, if any, which	DUE TO, OR AS A CONSEO	UENCE OF		
28	the em er		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEO	LIENCE OF		
3	by by cr oth		underlying couse lost	1c)	02.102.01		
05, 20	equires the signed Then plear to burio injury, or	z	^ ′	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE	E TERMINAL DISEASE OR CON	DITION GIVEN IN PART 1101
COR	bw rec	ATIC	190 DATE OF OPERATION		H OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
IL RE	Pos pos	CERTIFICATION				YES NO	IN CERTIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \(\bigcap \)
VITA	- 0 9 5 5 - 5	CER	210. ACCIDENT WAS UNDERLYING		DAY YEAR 21c. HOW INJURY O	OCCURRED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR PART 2)
Ö	PHYSICIAN: T ending physici this certificate burial-tronsi nd Mentol Hygi d or Item 18 sh	MEDICAL	OR CONTRIBUTING CAUSE OF DE	P.M.	19		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	t e t e	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f. LOCATION STREET	CITY OR TOV	VN COUNTY STATE
•			22a.1 certify that (I) (this hosp	ital) ottended the deceased from	5-19 19	78 10 2-9	19_80 , that (I) (we) lost
100	OR ATTENION OF HOSPITCH OF THE PROPERTY OF THE			n 2-7 ot) view the body ofter death.		pinion death occurred on the de	ote and hour and from the couses stated
	the horten to th		22b. SIGNATURE	na ina	DEGREE	ING MEDICAL STAI	221. DATE SIGNED
1	by the by the by the by the by the dette dette dette confine in the confine in th		22d. PHYSICIAN'S NAME (TYPE	miller ms	PHYSIC 22e. ADDRESS	IAN DIRECTOR _ PHYSIC	1AN 2-9-80
	TO HOSPITAL OR AT serviced by the hosp TO FUNERAL DIRECT should be detached to with the Stote Dept. or IMPORTANT: If them 2		JOSED H	MILLER	ILE. ADDRESS		
	Sho et o	230_6	LURIAL, CREMATION, REMOVAL	23b. DATE 23	NAME OF CEMETERY OR CREMAT	TORY 236 LOCATION	
400.	S BP	1	PIAL	2-11-80 1	IEW CATH. CEI	M. BALTO	COUNTY MYD.
	DHMH - 16 50M 1/76	24. FI	INERAL DIRECTOR	// ADDRES	1.2 4.16	EB 1 3 1980	25L REGISTRAR'S SIGNATURE
7-	(VR A 15 (4))	1	MRUEY F	.H. 660/1	EU. AVE	LD 1 0 1000 1	777



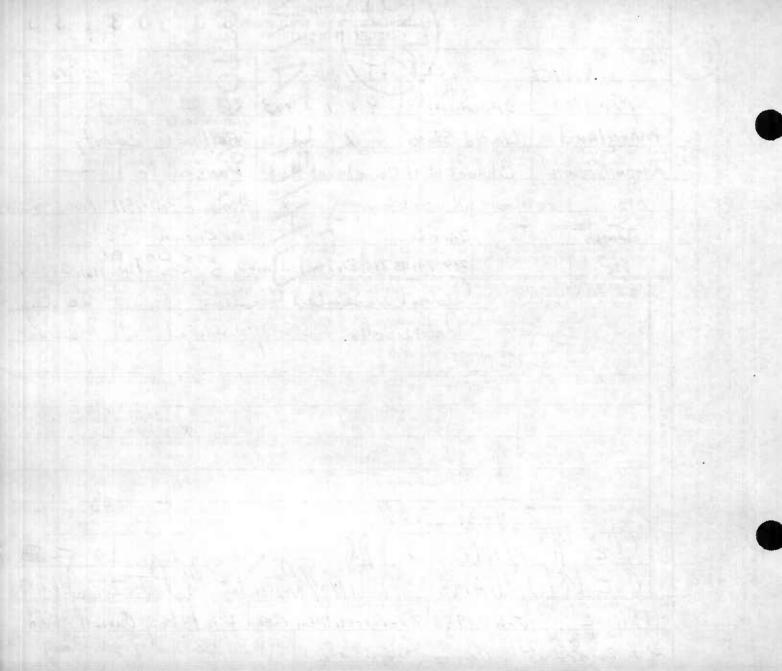
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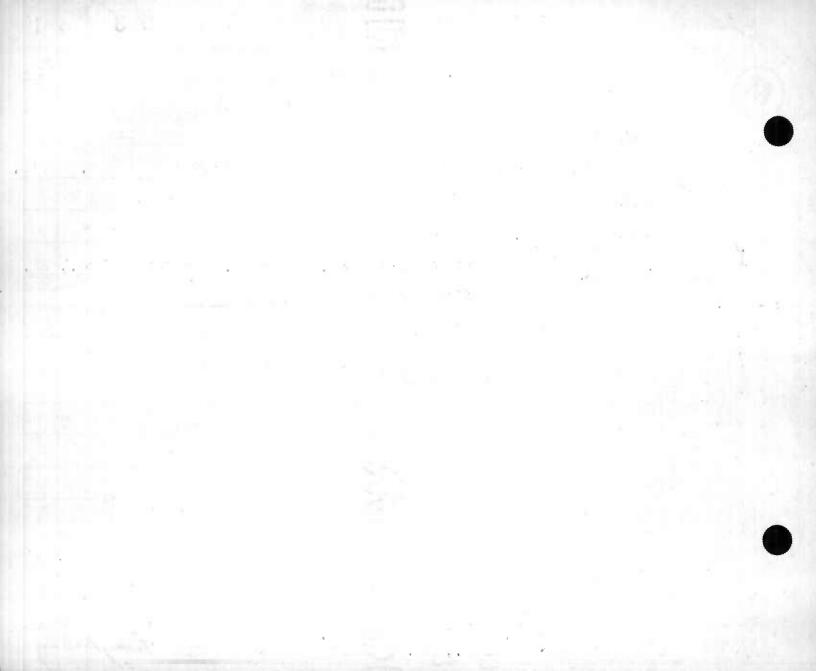
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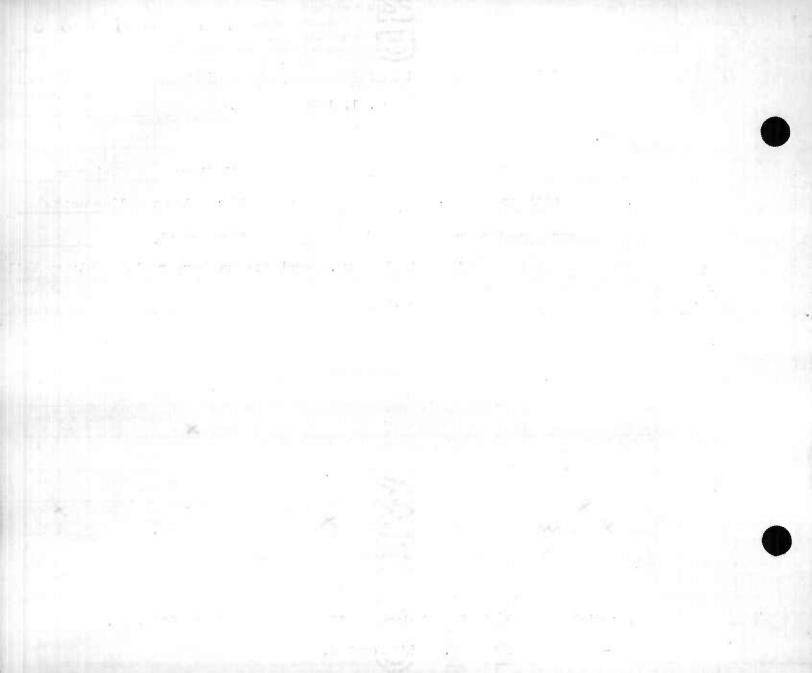
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	m V	7)		CEASED NAME FIRST OR PRINT)	MIDDLE	LAST		20 DATE OF DEATH M	ONTH DAY	YEAR	2b. HOUR	
	y be dea	1		VIOLET	t Bell	Folln	IER	L	- 5-	80	12:30 A	M
	tor, poge	11	3. SEX	, ,	1. RACE (white)	5. DATE OF BIRTH	DAY YEAR	AGE (IN YEARS LAST BIRTH	DAY) IF UN	DER I YEAR	IF UNDER 24 HRS	
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	by the filed with	9,	T	11.1	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR	EET ADDRESS)	1 11	12a. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF		26. KINDFOI √DUSTRY	F BUSINESS OF	3
	In the same			ANDA/STONO	Chapel H.		ant Home	Housew	1 Fe			
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ARY	pletel nd 2 s	130	17. FA	THE STANKE	MINDLE LAST		FIRST	Un Know		LAST		
¥ ,	COM COM		16a W	AS DECEASED EVER IN U.S. AF	MACO K		DAA ANIT					_
NO.	900		(Y	ES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	CONTRACTOR OF THE PROPERTY OF		875 L	DAY, Ro	die	7 (- 0-	,
ATTA	0 000			No			ris Follme	er syke	sville,	Med	21/84	
an .	page post		30	PART L DEATH WAS CAUSE		70 90	las Cla	7 4	-	MIWIENO	A	
25 2	opposed a			MANUAL MANUAL	TE CAUSE IOI	y vasou	can co	edere		104.0	adel	H
PRESTON	D			Conditions, if any, which	DUE TO, OR AS A CONSEC	HENCE OF	1	must 51	100	81	. 0	
00 00	a partition of			gave rise to immediate	(6)	2040000	4	- Carried		10	the same	-
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30	Page 1			PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT BEL	ATED TO THE TERMIN	ALDISEASE DE COND	DON GIVEN I	opest 1/2		=
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RECORDS	100		CERTIFICATION	No DATE OF OPERATION	19E CONDITION FOR WHI	H OPERATION WAS P	ERFORMED	78e AUTOPSY7	70b. IF YES, WE			-
	to how a	2	THE STATE OF					YES TO NOOM	IN CERTIFYING YES [7]	CAUSES	OF DEATH?	
VITAL	Aya H		CER	21s. ACCEPT WAS UNDERLYING.	The state of the s	ZIE HO	W INJURY OCCURRE	D. JEHTER HATURE OF INDUSY	OF TRUM TR. PART 1 (OR PART 2)		-
ö	to the latest		A.	OR CONTRIBUTING CAUSE OF DE		DAY YEAR						
NO	A Maria		MEDICAL	21d INJURY OCCURRED	27e PLACE OF INJURY LATHOME, STREET FACTORS, OFFICE	211.100	CATION	CITY OF TOWN		OUNTY	MATE	-
DIVISION OF	offer the track		2	WHILE OF HOME OF	S. P. Phores, STREET, PACTURE, DEFE	Cannot the last		Citrosioni		Company .	STATE	
	A A A		-1		ital: attended the deceased from	-4-22	19.78	to 2 - 5	19_	80	har (II (we) las	17
	1 P P P P P			sow the deceased alive on above. (If (we) (did) (did no	view the body after death.	XOL and that in	(my) (sum opinion de	of the dot	e and hour and	from the c	auses stated	
	of hosy DIREC Dept			226 SIGNATURE M	1. Fal.	DEGREE				27c. DATE S	KGNED	
	id by the INERAL O 3 be deto: he State D			1100	Milliams	1 MAO	PHYSICIAN X	OMEDICAL STAFF	DV9	2-5	-90	
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3	E			CEIT	1111AMS	IH	04 Kasler	elsund /	ewest	briga	140413	6
	2 - 7 1 3		73e. 8	JRIAL CREMATION, REMOVAL	23b. DATE 23	NAME OF CEMETERY	OR CREMATORY	238 LOCATION /	arcus.	er d	, STATE /	
0000	BP			BUVIAL	Feb. 7,1980 3	evergreen	Mem GAV			rvoll	Md	
	AH-16 50M 7/77		24. FU	NERAL DIRECTOR	ADDWESS	1	MA DATE	REC'D BY BEGISTRAR TO	A SECTISTRAR	Wen't	RE	
	(VR A 15 (4))		14.	J. Eekkord	4. awing	Jackle Ki	A LED	T 1 1000			-	





6	1	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG	REG. N	0	3 1	3 2
1		DECEASED NAME FIRST	м	IDDLE		AST	20 DATE OF DEATH		YEAR	2b. HOUR
The state of the s	1	EML	IE C	1.	FRAN	ſΚ	FEBRUAR	Y 20 1	1980	7:00 aM
e e	3.	SEX	4 RACE		S. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF	UNGER I YEAR	IF UNDER 24 HRS
1 24		Female	White		Decei	mber 6, 1905	74	YRS	NTHS DAYS	HOURS MIN
ice.	70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF W	VHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY O	FDEATH	
ot or	5	Maryland	U.S.		WIDOWE	DIVORCED [BALTIMORE	COUNTY	Z	MD
Stified	8	TOWS ON	SAINT J	OSEPH HO	SPITA	DR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOSTO HOUSEWIT	ION OF WORKING LIFE)	12b. KIND O INDUSTRY	F BUSINESS OR
must be	5 li			130. CITY OR TOWN	1	13d INSIDE CITY LIMITS? YES NOT	13e. SIREET ADDRESS 912 Dula	ney Val	ley Co	urt
Calmine	14	FATHER'S NAME FIRST Henry	Slicer	Carson	ı	15. MOTHER'S MAIDEN NA. Emlie	Gues	t	MGY	rison
medical	16	WAS DECEASED EVER IN U.S.	GIVE WAR OR DATES)	166 SOCIAL SECUR		17. INFORMANT	ADDR		113-14	
the me		No		213-34-67	755	Mr. H. Carson	n Frank 312	0 Woodh	ome Av	'enue
ar ather traumatic e		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b)	AS A CONSEQUEN	405	s af	Liver		7 48	1
r injury, o						NOT RELATED TO THE TERM	INAL DISEASE OR CON			
shaws any	2	19a, DATE OF OPERATION	19b. CONDIT	ION FOR WHICH C	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES □ NO.★	20b. IF YES, V IN CERTIFYIN YES [G CAUSES	GS USED OF DEATH? NO
Item 18	Tool work	OR CONTRIBUTING CALICE OF	DEATH HOUR A.M	M. MONTH DAY	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART	1 OR PART 2)	
marked ar	250	AT WORK AT WORK		ET, FACTORY, OFFICE, FAI	RM, ETC.)	21f. LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
I. If Hem 21 is n		22a. I certify that (I this has sow the deceased glive above, (I) (we) said (did 22b. SIGNATURE)				nd that in (MY) (aur) apinion DEGREE ATTENDING PHYSICIAN IN	the state of the s	FF		
MPORTANT	1	224 PHYSICIAN'S NAME (TY	PE OR PRINT)	1	-	22e. ADDRESS	DIKECTOK EN PHYSIC	.IAN L	2121	18
MPO -			T. Daly,				rles St.,Ap	t. 5G, B	alto.,	MD
7	23	a BURIAL, CREMATION, REMOV (SPECIFY)			AME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	СО	UNTY	STATE
-		Cremation	2-22-1	980 I	oudo	n Park	Baltimo	re o	MA	ry land
77		FUNERAL DIRECTOR				rk koad	B 2 2 1980	230.	PERMIT	ME
	RI	ick Towson Fune	ral Home,	Inc. Tow	son.	Maryland It	D h h 1000			

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		CEASED NAME FIR: OR PRINT)	ST .	MIDDLE		LAST	20 DATE OF DEATH	MONTH D	YEAR	2b. HOUR
page 3 r death			ertie	F	RTES	TAND	February		1980	10.0
after d	3. SE		4 RACE			OF BIRTH	& AGE (IN YEARS LAST BE		IF UNDER I YEAR	IF UNDER 24
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A PENV	10. C	TY OR TOWN OF DEATH				OR OTHER INSTITUTION	112a USUAL OCCUPAT	ION	117h KIND O	F BUSINES
TATA	Ro.	ssville 21237	Frankl	in Square	Hosp	ital	Housewife	JF WORKING LIFE	Home Home	
90	USU.	AL RESIDENCE (IF NURSING H	OME OR OTHER INSTITUTION	N. GIVE RESIDENCE BEFOR	E ADMISSION)	1134 INSIDE CITY LIMITS?	13. STREET ADDRESS	4-1-		
should be examine			ltimore	Essex 2		YES NO X	328 Sassa	fras R	oad 212	27
shou	_	THER'S NAME				15 MOTHER'S MAIDEN NA	ME			
0 N - 8 - N 0		Thomas	MIDDLE	Vannoy		Ella	WIDDIE	21.5	Osborne	
a a	Ióa V	VAS DECEASED EVER IN U	S. ARMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRI			
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to burial,	7	PART 2 OTHER SIGNIFIC	ANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVE	EN IN PART 140	21
an or	CERTIFICATION	1% DATE OF OPERATION	1% CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20s AUTOPSY?		, WERE FINDIN	
shows	FF						YES NO		ING CAUSES	OF DEATH
18	ERT	21a. ACCIDENT WAS UNDERLYIF	G 21b. TIME (OF INJURY		21c. HOW INJURY OCCUR				
Mental H	-	OR CONTRIBUTING CAUSE	OF DEATH	M. MONTH D						
o Je	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXA 214 INJURY OCCURRED		OF INJURY	19	211 LOCATION	-			
arke	ME	WHILE NOT WHILE I		TREET, FACTORY, OFFICE, F	FARM, ETC.)	STREET	CITY OR TO	MM	COUNTY	STAT
is as a		220 I certify that (this	hospital) attended t	he deceased from 1	Febri	iary 1 9 19 80	L to Februa	ry 26	9 80	that (w
- 14						nd that in (our) opinion		ate and hour	ond from the	couses stat
ched for Dept. of If Item		226. SIGNATURE	OA A	y offer death.		DEGREE			22c. DATE	SIGNED
T: If		Momen	SIM	uccon	de	ATTENDING	MEDICAL STA		22	6/80
with the State		224 PHYSICIAN'S NAME	TYPE OR PRINT)	700000	`	PHYSICIAN [DIRECTOR PHYSIC	JAN (A)		
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should be detact with the State [IMPORTANT:	02	Thomas		one M.D.		1 9000 Fran	klin Squa	re Dr	rive	2123
	230 E	URIAL, CREMATION, REM	3-1-8			EMETERY OR CREMATORY Hill Mem. Garde	23d. LOCATION	no Con	COUNTY	STATI
- /			7-1-0	110	TTY I			16 000	uity, M	T.ATS
1-16 25M		INERAL DIRECTOR	Ju	DA POPRESS	072	Eastern Ave.	E REC'D. BY REGISTRAR	756. REGIST	way!	Melh
15, 4) 1/79	DI	uzdzinski Fu	meral Hom	e 1407	OTG .	eastern Ave.	FFB 2 (19	pn .	/	

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144			FOR STATE	DEPART	WENT OF HEALTH AND MENTAL HYC	GIENE 8 () () 3	3 6
40		- '	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
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	Pod Pod	70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED A NEVER MARRIED		
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	ter death. he funeral within 72 h	10.	CITY OR TOWN OF DEATH				12b. KIND OF BUSINESS OR
5	by the fulled with			3323 Putty I	Hill Avenue		in Marietta
21201	be be	U:	SUAL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	13e. STREET ADDRESS	
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S. C.	e executed n and camp Pages 1 ar medical ex	1	(YES, NO OR UNKNOWN) (# YES, GN	/E WAR OR DATES)		7 1 0000 1	A.L. 77111 A
¥	e ca E		Yes WW	11 212-09	-2307 Thelma M.	Funrman 3323 P	
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DS,	equires n signed Then pli r to buri injury, a	13		CONDITIONS CONTRIBUTIONS			
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, DING PHYSICIAN: The law requires that the death certificate be exentending physician. After this certificate has been signed by the attending physician and costs the burial-transit permit. Then please remove carbon papers. Pages 1 in and Merial Hygiene prior to burial, cremation, or removal: marked or Item 18 shows any injury, or or other traumatic event, the me			Enter only one cause positions of CAUSED 8Y. AMEDIATE CAUSE (a), DUE TO. which (b),	CARDI	U NE.	SPIRATORY OF THE LUNG	FAILURE (RIGHT)	BETWEEN	XIMATE INTERVAL LONSET AND DEATH
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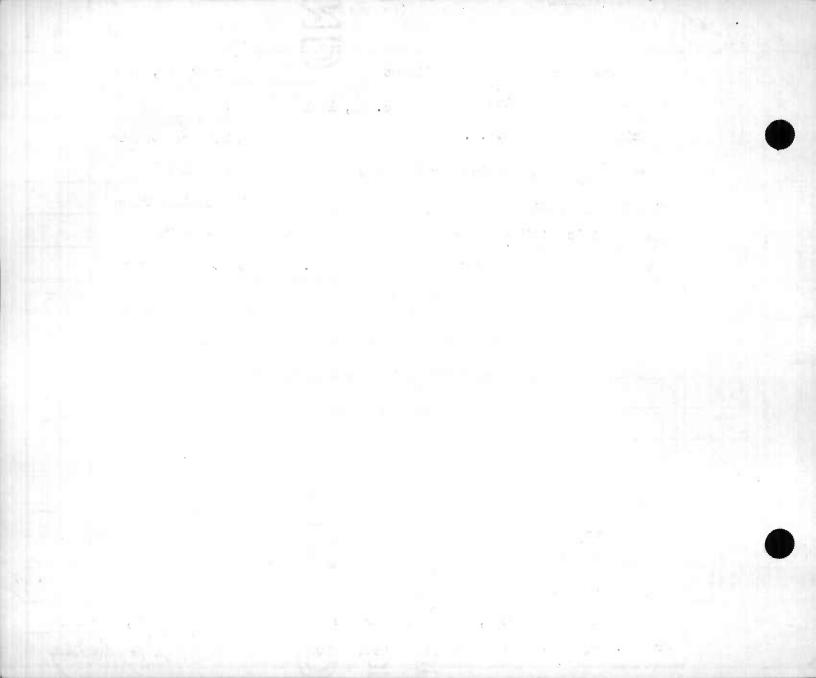
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH 2b HOUR TTYPE OR PRINTI OF BERNCE ESTI-FUNERAL DIRECTOR 26 19 80 DEATH MATED 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2d. HOUR DATE MONTH LAST BIRTHDAY) PRONOUNCED DEAD Female White 67 YRS 26 1918 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED XX NEVER MARRIED West Virginia U.S.A. WIDOWED DIVORCED Baltimore County 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY RECORDS, 3 Dundalk Patapsco Avenue Housewife USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION 13a. STATE 136. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Md. Balto Dundalk Patapsco Avenue 21222 NO V OFWITAL 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST LAST MIDGLE LAST AND George Collett Isner Geneva 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO ADDRESS DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 235/30/3513 Woodrow W. Gentry same as CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY -admines leved IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF HOLE cause (a) stating the underlying cause last. AND CREMATION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a. CERTIFICATION 19a. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL, YES [BE 3 SHOULD BE DEPARTMENT 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY UNDERLYING OR 0 MEDICAL 1080 CONTRIBUTING CAUSE OF DEATH 26 PRIOR DRWARDED
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STATE DEPA 21e PLACE OF INJURY 21d. INJURY OCCURRED 21f LOCATION TREET, FACTORY, FARM, ETC.) AT WORK AT WORK TO MEDICAL EXAMINER:
EXECUTE THE CERTIFICATE
PAGE 4 SHOULD BE FOR
TO FUNERAL DIRECTOR:
AFTER DEATH, WITH THE S
BALTIMORE, MARYLAND, 2 220. I certify that I taak charge af the remains described abave, held an Autopsy and in my apinian death resulted fram: Natural causes Acdident ITLE (SPECIFY) DATE SIGNED EXAMINER'S NAME CROSSAN O 'NONOVAN (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY * STATE Baltimore BP Burial /29/80 Oak Lawn Cemetery 24. FUNERAL DIRECTOR ATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) Walter Brooks Bradley Inc. Balto 15M 7/77

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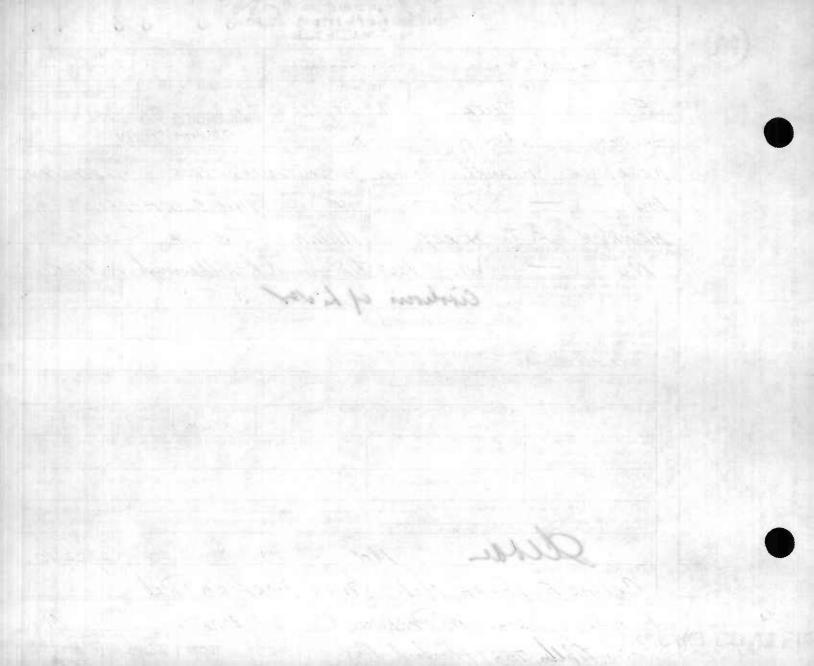
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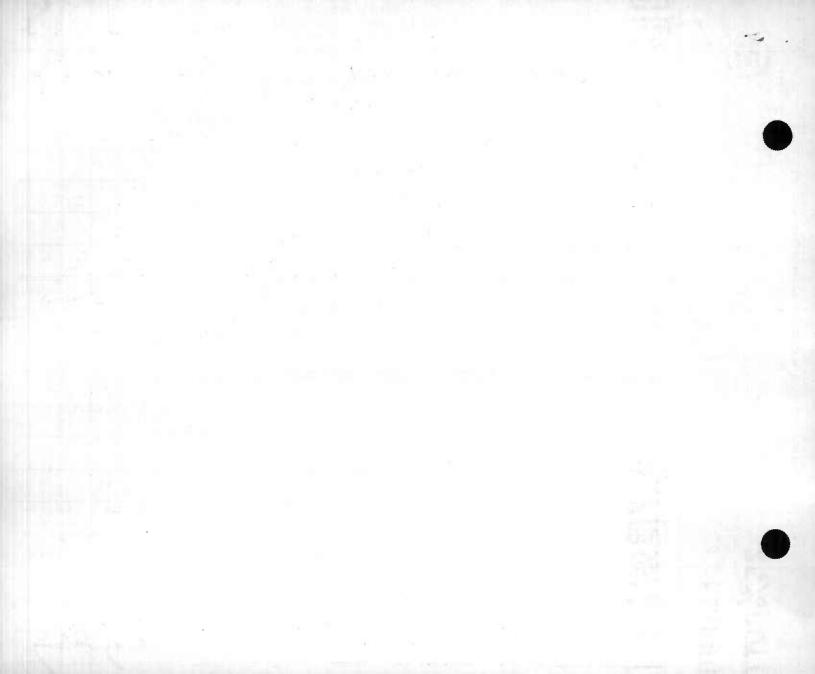
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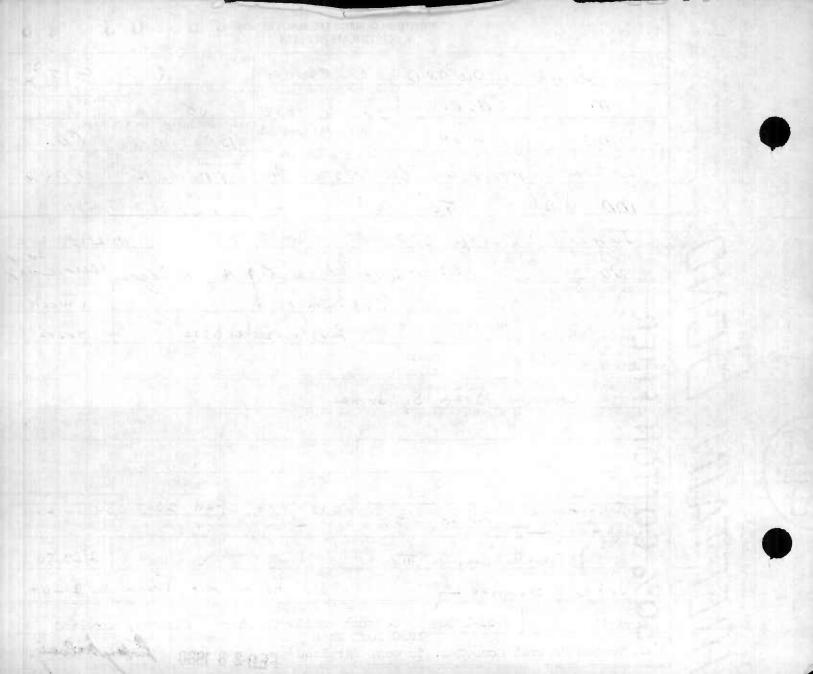
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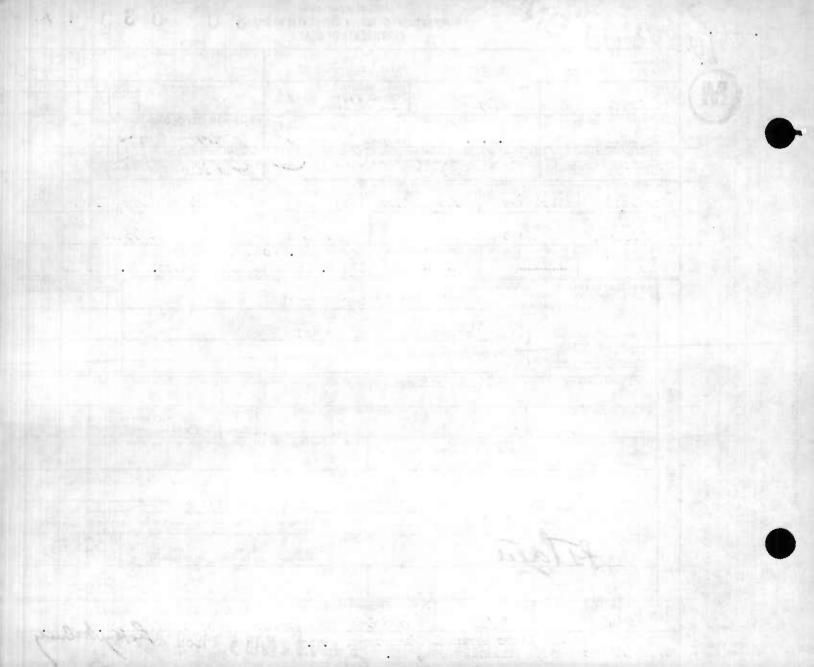




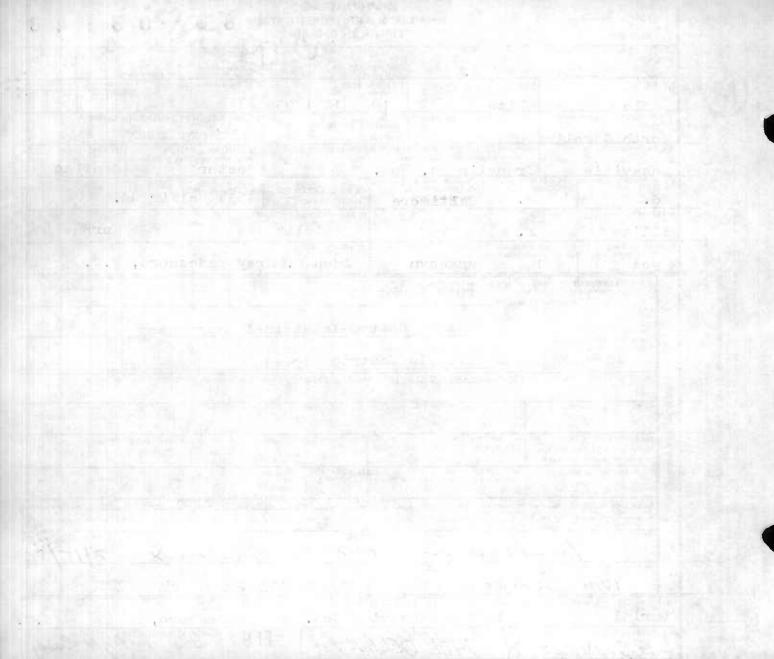
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be be	e B		NO	213-61-	5292 values del	une 5/100	Agar servery
, BA	ovol		18 CAUSE OF DEATH (Enter of PART), DEATH WAS CAUSE	nly one cause per line for (o), (b), on ED BY:	0		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ertif	rem		IMMEDIA	TE CAUSE (o)	Theumon13		1 week
PRESTON he death or he ottendin	moti		4407	DUE TO, OR AS A CONSEQUE	ENCE OF Arteriosc	leracis	Years
e de ott	trau		Conditions, if any, which gove rise to immediate	(b)	/1410000		700.0
that the by the sase re	cren		couse 10, stating the underlying couse lost	DUE TO, OR AS A CONSEQUE	ENCE OF		
201 es th	oro.	10	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERMI	INAL DISEASE OR CONF	OLTION GIVEN IN PART 110
RDS,	njury	N	Chra		ndrme-	THE DIOLAGE ON COLLE	ALLOW SIVELY METAMINA
RECORDS. Iow requi	prior	¥	190 DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED
	ows o	CERTIFICATION				YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO N
VIT AL VIT AL IN: The Icote h Icote h	Hygi 18 sh	E. E.	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)
OF OF ICIAL	em]	¥.	OR CONTRIBUTING CAUSE OF DE		19		
HYS nding	a Me	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE)	211 LOCATION STREET	CITY OR TOW	'N COUNTY STATE
DIVISION OF ING PHYSICIA of the this certification of the buriel of th	rked	Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORT, OFFICE, F	ARM, ETC.)	- 1	-
JOIN AF	s ma		220.1 certify that 🖛 (this hosp	oital) attended the deceased from	June 13 19 74	to Tab 3	3 19 80 , that # (we) lost
TITE Porto	of H 21 i		sow the deceased alive or obove, (we) (did) (did)	n 19 19	50, and that in (my) 🛶 opinion o	deoth occurred on the do	te and hour and from the causes stated
OR A Pos PlREC	Dept.		226. SIGNATURE	1 1 1	DEGREE		22C. DATE SIGNED
Al Cal	NT: #		1.7 Na	aR Supplee I	ATTENDING PHYSICIAN	MEDICAL STAF	IAN [2/23/80
SPII d by	the St		220. PHYSICIAN'S NAME (TYPE	OR PRINT	22e ADDRESS	-+1	
O HO etaine	with the Sto		J. Frank S	upplee	615 Chest	nut Ave,	2050 Ma 21204
0 # 2 #	3 ≧	23a. J	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
BP			Burial	2-25-1980	Gorsuch Family Cem	etery Gle	ncoe, Maryland
DHMH - 16 50M		24 F	UNERAL DIRECTOR	AOORESS	OU York Road 250. DATE	REC'D. BY REGISTRAR	25b. RE ST TRAR'S SIGNATURE
(VR A 15 (4))	Ru	ck Towson Fune	ral Home, Inc. Tov	son, Maryland	D 2 8 19RN	perpay/recusing

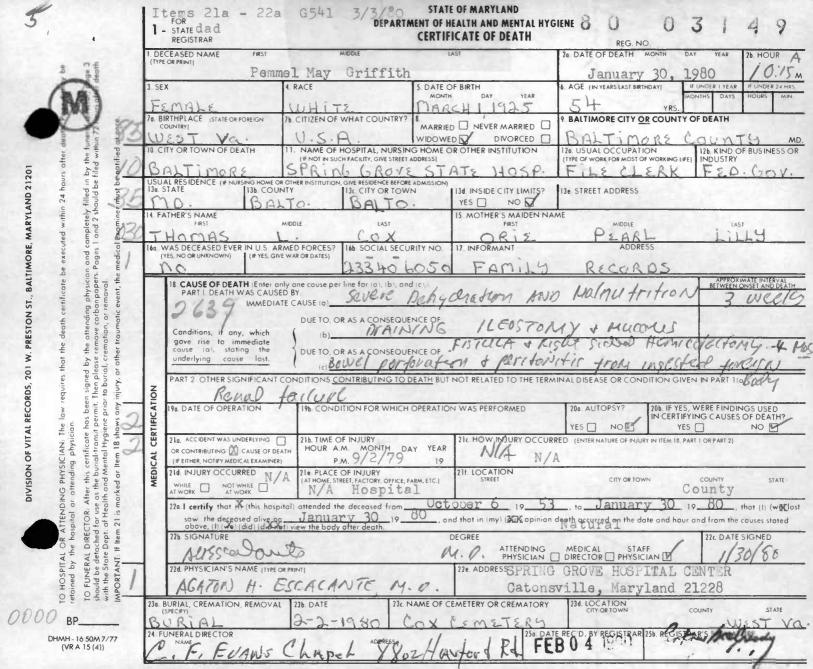


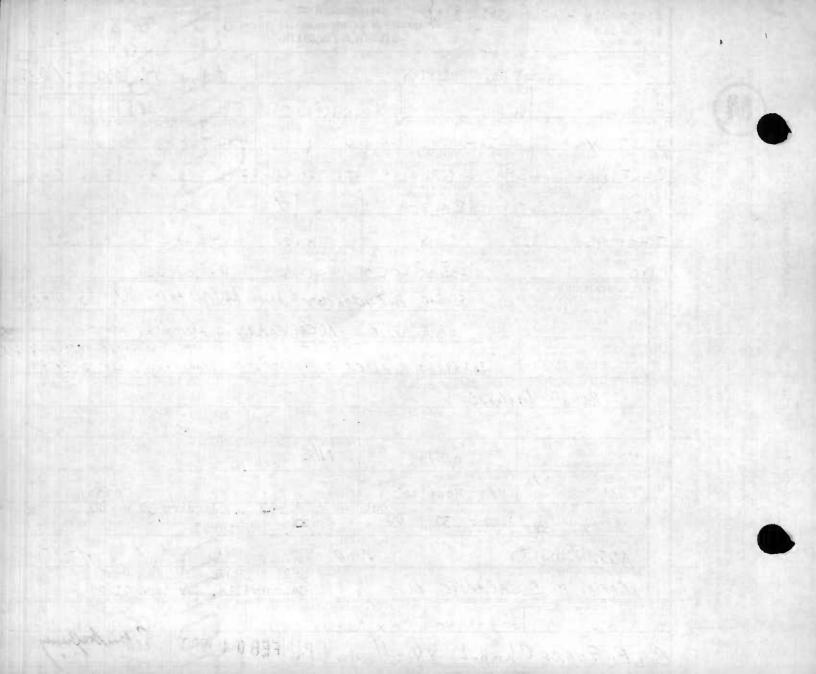
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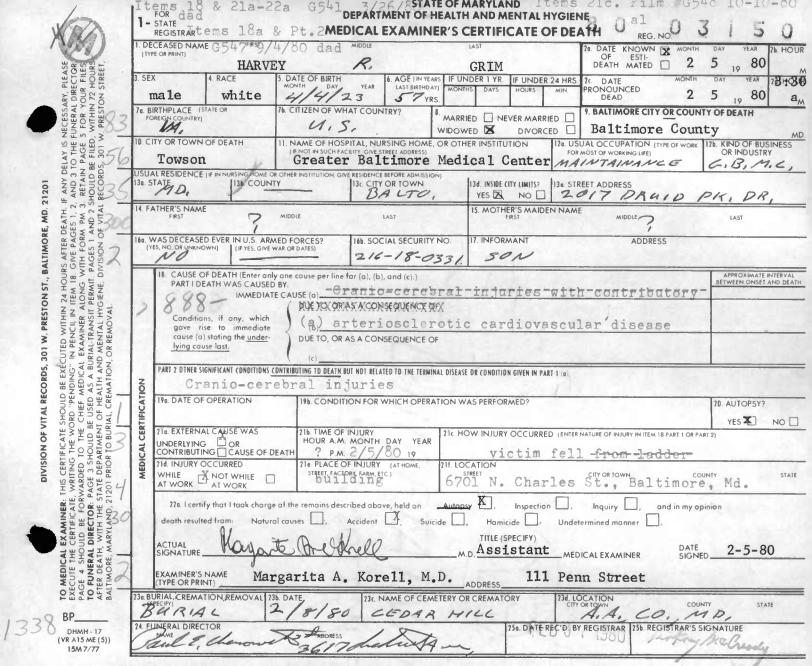


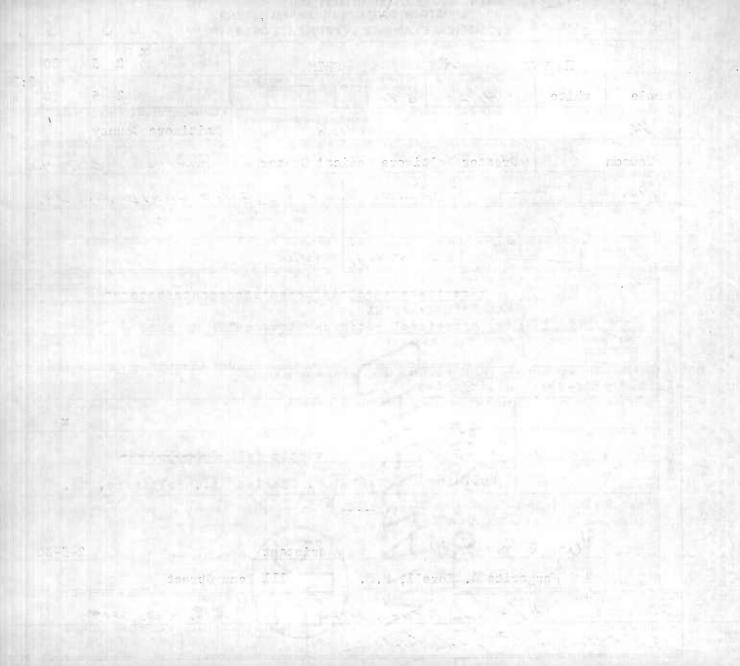
and completely filled in by the tuneral or ear 1908. 3 see 1 and 2 should be filed writin 72 hours of r death the medical examining may be notified at a characteristic form.	I DECEA (TYPE OR P) 3 SEX Ma 7a. BIRTH COUNT NOT 10 CITY (SED NAME FIRST RINTI WILLIAM PLACE (STATE OR FOREIGN (RY) OR TOWN OF DEATH ESVILLE ESIDENCE IN NUMBERS HORIEO TE	11. NAME OF HOSPITAL, NUR TE NOT IN SUCH FACILITY, GIVE STR Pranklin Sq. OR OTHER INSTITUTION, GIVE RESIDENCE BEI	S DATE (MONTH 1 0 RY? MARRIE WIDOWI	DAY YEAR 12 1895 D NEVER MARRIED TO DIVORCED D	REG. NO. 70 DATE OF DEATH February 1 6 AGE (IN YEARS LAST BRITE 84 9 BALTIMORE CITY O Baltimore	5, 198	UNDER LYEAR	
should be filed within 72 hourself, washing to filed within 72 hourself, washing must be notified at other sections.	J. SEX Ma Je. BIRTH COUNT 10 CITY C ROS USUAL R 13e STAI Md Md	William PLACE (STATE OR FOREIGN FRY) OR TOWN OF DEATH SEXUELLE NUMBERS HOMEOUTE	A. I RACE White Th CITIZEN OF WHAT COUNTR USA 11. NAME OF HOSPITAL, NUR F NOT IN SUCH FACILITY, GIVE STR Tranklin Sq. 30 OTHER INSTITUTION, GIVE RESIDENCE BET	S DATE (MONTH 1 O RY? 8 MARRIE WIDOW!	PAY OF BIRTH DAY 12 1895 D NEVER MARRIED TO DIVORCED D	February 1 6 AGE (IN YEARS LAST BRITE 84 9 BALTIMORE CITY O	5, 198	UNDER LYEAR	P HOUR 7:25 If UNDER 2 HOURS
should be lifed within 72 habrada	Manual Rose USUAL R 13e STAL Md.	William 1 e PLACE (STATE OR FOREIGN 184) Th Caroling OR TOWN OF DEATH SVILLE ESSIDENCE IN NUMBERS HOMEO TE	4 RACE White 7b CITIZEN OF WHAT COUNTR USA 11. NAME OF HOSPITAL, NUR F NOT IN SUCH FACILITY, GIVE STR Tranklin Sq. 36 OTHER INSTITUTION, GRE RESIDENCE BEE	S DATE (MONTH 10 RY? I MARRIE WIDOWL	of BIRTH DAY 12 1895 D NEVER MARRIED TO DIVORCED	6 AGE (IN YEARS LAST BIRTI 84 9 BALTIMORE CITY O	YRS.	UNDER 1 YEAR	# UNDER 2
A State and the state of the st	Ma 7e. BIRTH COUNT NOT 10 CITY O ROS USUAL R 13e STAT Md •	PLACE (STATE OR FOREIGN TH Caroling OR TOWN OF DEATH ESVILLE ESIDENCE HE NUMBERS THE	4 RACE White 7b CITIZEN OF WHAT COUNTR USA 11. NAME OF HOSPITAL, NUR F NOT IN SUCH FACILITY, GIVE STR Tranklin Sq. 36 OTHER INSTITUTION, GRE RESIDENCE BEE	MARRIE WIDOWI	DAY YEAR 12 1895 D NEVER MARRIED TO DIVORCED D	84 • BALTIMORE CITY O	YRS. PCOUNTY C	DAYS	
	North County Of	PLACE (STATE OR FOREIGN (RY) TH Caroline OR TOWN OF DEATH SVILLE ESIDENCE IN NUMBERS (E)	Th CITIZEN OF WHAT COUNTR USA 11. NAME OF HOSPITAL, NUR F NOT IN SUCH FACILITY, GME STR Franklin Sq. 38 OTHER INSTITUTION, GUE RESIDENCE BE	10 MARRIE WIDOWI	12 1895 D NEVER MARRIED TO DIVORCED TO	1 BALTIMORE CITY O	YRS.		HOURS
	NOT 10 CITY O ROS USUAL R 13e STAT	THE Caroline OR TOWN OF DEATH SVILLE ESIDENCE IN NUMBERS HOMES (E)	Th CITIZEN OF WHAT COUNTR USA 11. NAME OF HOSPITAL, NUR F NOT IN SUCH FACILITY, GME STR Franklin Sq. 38 OTHER INSTITUTION, GUE RESIDENCE BE	MARRIE WIDOWI	D NEVER MARRIED TO		R COUNTY C	F DEATH	
-	ROS USUAL R 130 STAT	OR TOWN OF DEATH SVILLE ESIDENCE IN NUMBERS HOMES TE	11. NAME OF HOSPITAL, NUR TE NOT IN SUCH FACILITY, GIVE STR Pranklin Sq. OR OTHER INSTITUTION, GIVE RESIDENCE BEI	SING HOME			County	1900	
The model of the second	USUAL R 130 STAT Md.	ESIDENCE IN NUMBING HOMEO	OR OTHER INSTITUTION, GIVE RESIDENCE BEI	TY		12a USUAL OCCUPATE	NC	126. KIND OF INDUSTRY denti	
	Md.	IE NIPCOU	ALTY PAR CUE			doctor		deller	56
Approx of Contract	14 FATHE		Baltin	NWC	134 INSIDE CITY LIMITS? YES (2) NO [3654 Bela	air Ro	d.	
12	Vil1	ER'S NAME FIRST LIAM	MDDLE Gray	7	15. MOTHER'S MAIDEN NA Allelia	WE		Murr	N G
10		DECEASED EVER IN U.S. A		CURITY NO.	17 INFORMANT	ADDRE	SS		
E B	V'ES, N		ve war or dates) 1 unknow	vn	Alden L. G	ray Wades	ooro,	N.C.	
or to burial, cremati	PA	ause (a), stating the inderlying cause last. RT 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEC (c) Multip	le Gas	tric Ulcers		DITION GIVEN	N IN PART I (a)	
shows	CERTIFICATION	DATE OF OPERATION	1% CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, VIN CERTIFY II	WERE FINDING	GS USED OF DEAT
d or Item 18	00	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCUR		Y IN ITEM 18, PART	T LORPART 2)	
marked	<u>u</u>	HILE NOT WHILE NOT WORK	216 PLACE OF INJURY JATHOME, STREET, FACTORY, OFFICE	CE, FARM, ETC	211 LOCATION STREET	CITY OR TOW	TN.	COUNTY	ST
te Dept. of Heali T: If Item 21 is i	220	I certify that M (this hasp	ptol) oftended the deceased from February 15 19 19 19 19 19 19 19 19 19 19 19 19 19	00	ary 11 19 80 Indication (MT) (our) apinion DEGREE ATTENDING PHYSICIAN (death occurred an the da	te and haur a		
with the State	226	PHYSICIAN'S NAME (TYPE	OR PRINT]	5	22e ADDRESS	_ DIRECTOR [PRICE	init 2	1-11	1
ORT		Win S	UARPZ		9000 Frankl	in Square D	rive S	21237	
5 5	23a RUDI	AL, CREMATION, REMOVAL	L IZ3b DATE IZ3	NAME OF C	19000 FTAILKI	1234 LOCATION	TIVE 2	11201	
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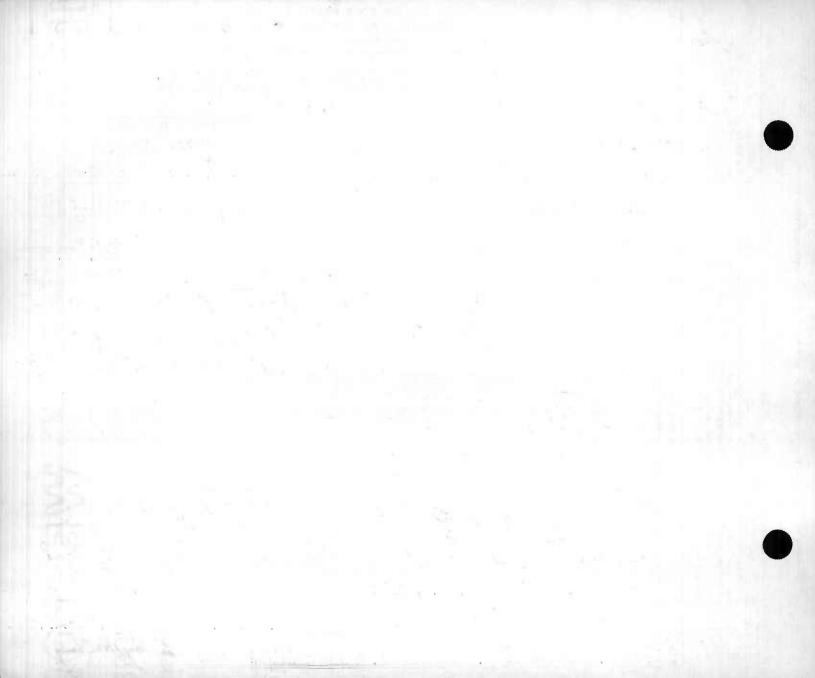




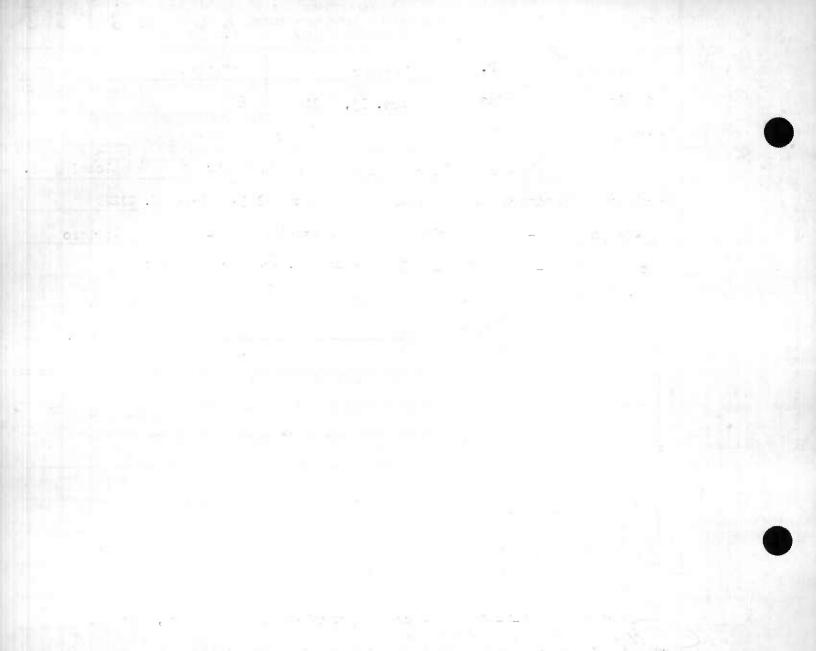


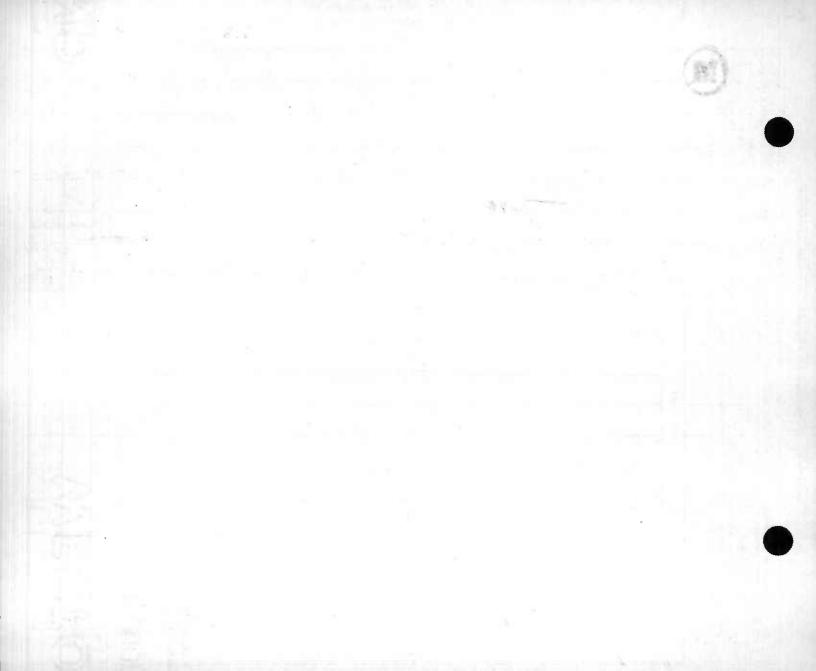


(VRA 15, 4) 7/78



		REGISTRAR		CERT	IFICATE OF DEATH	REG. NO	0.		
	1. DEC	CEASED NAME FIRST OR PRINT)	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
16:41	,,,,,	Victoria	M.	Hae	tler	2/4/80			1:30
2737	3. SEX		4 RACE	5 DAT	E OF BIRTH	& AGE (IN YEARS LAST BIRT		DER I YEAR	IF UNDER 24
		Female	White	Nov	15, 1910 YEAR	69	YRS	S DAYS	HOURS
ė	7a 81	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT	COLINITERY2 II	RIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
30	Ma	ryland	USA		WED DIVORCED	Baltimore	County		
Pa	10 CI	TY OR TOWN OF DEATH		TAL, NURSING HOM	E OR OTHER INSTITUTION	12a USUAL OCCUPATI	ON 12	L KIND OF	BUSINES
00	T	owson	Freater Bal	timore Me	dical Center	Seamstress	WORKING (IPE)	Cloth	ing (
å T	13a. S	L RESIDENCE (IF NURSING HOME O			113d. INSIDE CITY LIMITS?	113. STREET ADDRESS			
136	Ma	uryland Balt	imore Es.	ex 21221	YES NO	1434 Galena	a Rd. 21	221	
e e	14. FA	THER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	MIDDLE		LAST	
8031	1	Joseph		Maria	Josephin	e -		Barba	50
ico		(AS DECEASED EVER IN U.S. AF	RMED FORCES? 166 S	OCIAL SECURITY NO	. 17 INFORMANT SOI	1 ADDRE			
medico	,,	No	214	+ 01 4939	Joseph C. H	laetler	Same		
event, the		18 CAUSE OF DEATH (Enter of	nly one couse per line fo	r (a), (b), and (c).1				APPROXIM BETWEEN OF	NATE INTERV
ven			of BY: TE CAUSE (0) Meta		ncer				
alic a		1535		CONSEQUENCE OF					
E S		Conditions, if any, which	(b) Ca c	f Appendi	X				
1		gove rise to immediate cause (a), stating the		CONSEQUENCE OF					
~			I DUE IO, OK AS A						
, f		underlying couse last.	((6)						
o burial, cr ury, or oth	z		((c)		UT NOT RELATED TO THE TERM	MINAL DISEASE OR CONI	DITION GIVEN IN	PART 1to	1
	ATION	PART 2 OTHER SIGNIFICANT		BUTING TO DEATH B	UT NOT RELATED TO THE TERA				
ony	FICATION			BUTING TO DEATH B		20a AUTOPSY?	20b. IF YES, WEI	RE FINDIN	GS USED OF DEATH
o o	ERTIFICATION	PART 2 OTHER SIGNIFICANT	196 CONDITION	BUTING TO DEATH B	UT NOT RELATED TO THE TER/	200 AUTOPSY? YES NO	20b. IF YES, WEI IN CERTIFYING YES [RE FINDING CAUSES (GS USED
o o	L CERTIFICATION	PART 2 OTHER SIGNIFICANT	196 CONDITION	BUTING TO DEATH B	UT NOT RELATED TO THE TERATION WAS PERFORMED 21c HOW INJURY OCCUR	200 AUTOPSY? YES NO	20b. IF YES, WEI IN CERTIFYING YES [RE FINDING CAUSES (GS USED OF DEATH
oux		PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIF EITHER, NOTIFY MEDICAL EXAMINER	196 CONDITION 216, TIME OF INJU- HOUR A.M. A	BUTING TO DEATH B FOR WHICH OPERAT JRY AONTH DAY YEA	UT NOT RELATED TO THE TERMINATE OF THE T	200 AUTOPSY? YES NO	20b. IF YES, WEI IN CERTIFYING YES [RE FINDING CAUSES (GS USED OF DEATH
ou o	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER	196 CONDITION 216 TIME OF INJU- HOUR A.M. A 216 PLACE OF INJ	BUTING TO DEATH B FOR WHICH OPERAT JRY AONTH DAY YEA	UT NOT RELATED TO THE TERM ION WAS PERFORMED 21c HOW INJURY OCCUR 21f LOCATION	200 AUTOPSY? YES NO	20b. IF YES, WEI IN CERTIFYING YES TEM 18, PART I C	RE FINDING CAUSES (GS USED OF DEATH NO
à o		PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED AT WORK AT WORK	21b. TIME OF INJU- HOUR A.M. A P.M. 21e. PLACE OF INJ (AT HOME, STREET, FAC	FOR WHICH OPERAT INTY AONTH DAY YEA IURY CTORY, OFFICE, FARM, ETC.)	ION WAS PERFORMED 21c HOW INJURY OCCUR 271 LOCATION STREET	200 AUTOPSY? YES NO CITY OR TOW	20b. IF YES, WEIN CERTIFYING YES TY IN ITEM 18, PART 1 C	RE FINDING CAUSES (DR PART 2)	GS USED OF DEATH NO
marked or Item 18 shows ony		PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETIMER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a Lifetify that (1) (this hasp	21b. TIME OF INJU- HOUR A.M. A P.M. 21e PLACE OF INJ (AT HOME, STREET, FAC	FOR WHICH OPERAT INTY AONTH DAY YEA IURY CTORY, OFFICE, FARM, ETC.)	UT NOT RELATED TO THE TERMINATE OF THE T	206 AUTOPSY? YES NO CENTER NATURE OF INJUR CITY OR TOW	20b. IF YES, WEIN CERTIFYING YES TY IN ITEM 18, PART I C	RE FINDING CAUSES (DR PART 2) DUNTY	GS USED OF DEATH NO STAT
21 is marked or Item 18 shows ony		PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK NOT WHILE AT WORK 22a I Pertify that (1) (this hosp oboy the deceosed alive of oboy the deceos	21b. TIME OF INJU- ATH HOUR A.M. A P.M. 21e PLACE OF INJ (ATHOME, STREET, FAC (tol) oftended the dece	FOR WHICH OPERAT IRY AONTH DAY YEA TORY, OFFICE, FARM, ETC.)	UT NOT RELATED TO THE TERMINAR 216 HOW INJURY OCCUR	206 AUTOPSY? YES NO CENTER NATURE OF INJUR CITY OR TOW	20b. IF YES, WEIN CERTIFYING YES TY IN ITEM 18, PART 1 C	RE FINDING CAUSES (CAUSES CORPART 2)	GS USED OF DEATH NO STAT hot (I) (we
21 is marked or Item 18 shows ony		PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220 Lifertify that (I) (this hasp	21b. TIME OF INJU- ATH HOUR A.M. A P.M. 21e PLACE OF INJ (ATHOME, STREET, FAC (tol) oftended the dece	FOR WHICH OPERAT IRY AONTH DAY YEA TORY, OFFICE, FARM, ETC.)	UT NOT RELATED TO THE TERM ION WAS PERFORMED 21t HOW INJURY OCCUR 21f LOCATION STREET 25/80 19 ond that in (my) (our) opinion DEGREE	200 AUTOPSY? YES NO CITY OR TOW CITY OR TOW deoth occurred on the do	20b. IF YES, WEIN CERTIFYING YES TY IN ITEM 18, PART I CO	RE FINDING CAUSES CORPART 2) DUNTY from the co	GS USED OF DEATH NO STAT stat
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Ruck Towson Funeral Home, Inc. Towson, Md. 21204

(VR A 15 (4))

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		STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH	GIENE 8 0	0 3		5 5
m e 1	(TYPI	CEASED NAME FINAL CORPRINT)		MIDOLE C. 0.1	-45	e first	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
4 30		HAMILTON	BABY	GIRL				२ । र		3:30
M	3. SE	× F _{Female}	4 RACE	18	5 DATE O	F BIRTH OAY 12 YEAR 12 YEAR	6 AGE (IN YEARS LAST BIR	YRS	UNDER I YEAR	IF UNDER 24 H
1 2 3		IRTHPLACE (STATE ORFOREIGN OUNTRY) MARYLAND		WHAT COUNTRY	? 8 MARRIEI WIDOWE	NEVER MARRIED	BALTIMORE CITY O	T. CO	F DEATH	
officer of the state of the sta	10 C	TOWSON		HOSPITAL, NURSI CH FACILITY, GIVE STREE	T ADDRESS)	OSPITAL	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O	OF WORKING LIFE)	126. KIND OI INDUSTRY	F BUSINESS
filled in b ould be fi	USU 130	AL RESIDENCE (IF NURSING HOME C STATE 135. COU	ROTHER INSTITUTION NTY		RE ADMISSIONI	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	LEET		AVE
within d 2 sh	14. F.	ATHER'S NAME FIRST	WIDOLE	LAST		15. MOTHER'S MAIDEN NA			LAST	
executed v	2	Joseph WAS DECEASED EVER IN U.S. A		amilton	1	Marie 17. INFORMANT	B.		Butle	r
The low requires that the death cert ion. I have been signed by the attending it permit. Then please remove carbon tiene prior to bruid, cremation, ar resions only injury, or ather traumatic events.	CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION	DUE TO, O	R AS A CONSEQUENT AS A CONSEQU	JENCE OF		MINAL DISEASE OR CON 200 AUTOPSY? YES \(\text{YES} \(\text{NO} \)	DITION GIVEN 206. IF YES, V IN CERTIFY IN YES [VERE FINDIN	IGS USED
tySICIAN. The ding physician is certificate h burial-transit p. Mental Hygier American Item 18 shawar Item 18 s	7	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINES	AIN	PE INJURY M. MONTH [M.	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	1 OR PART 2)	
ING PHYSICIA r ottending pl after this certif os the burial-t lith and Mental arked ar Item	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE,	, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
TO HOSPITAL OR ATTENDIN retained by the hospital or TO FUNERAL DIRECTOR: Af should be detached for use or with the Store Dept. of Health IMPORTAT: If them 21 is ma		220. I certify that X (this hasp saw the deceased alive a obove, X (we) (did) (and x 226. SIGNATURE 220. PHYSICIAN'S NAME (TYPEY 5 I WYPRW)	R PRINT)	e deceosed from, y 12 ofter deoth. 2 A	80, on	d that in (m) (aur) apinion DEGREE ATTENDING	MEDICAL STA	ote and hour a	22t. DATE S	
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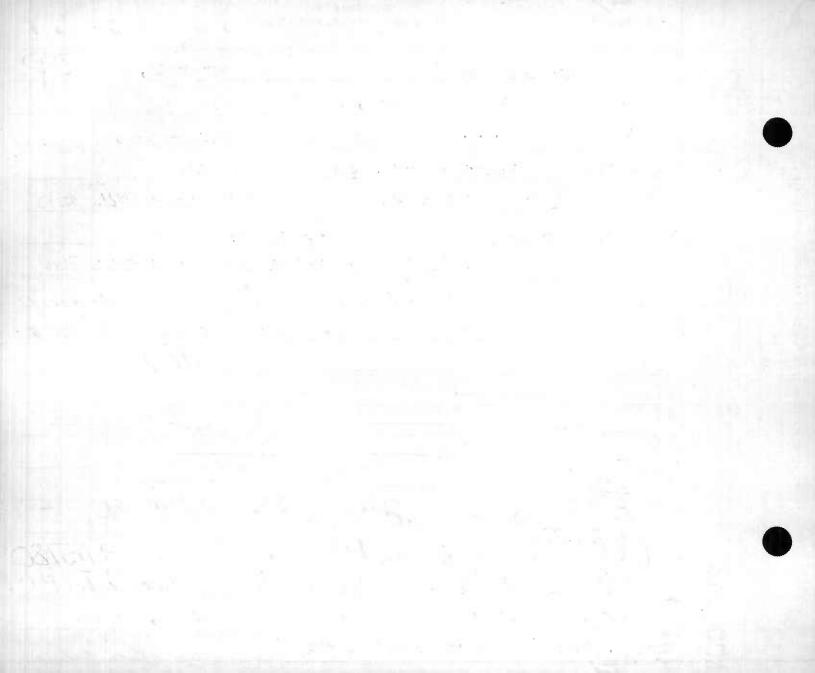
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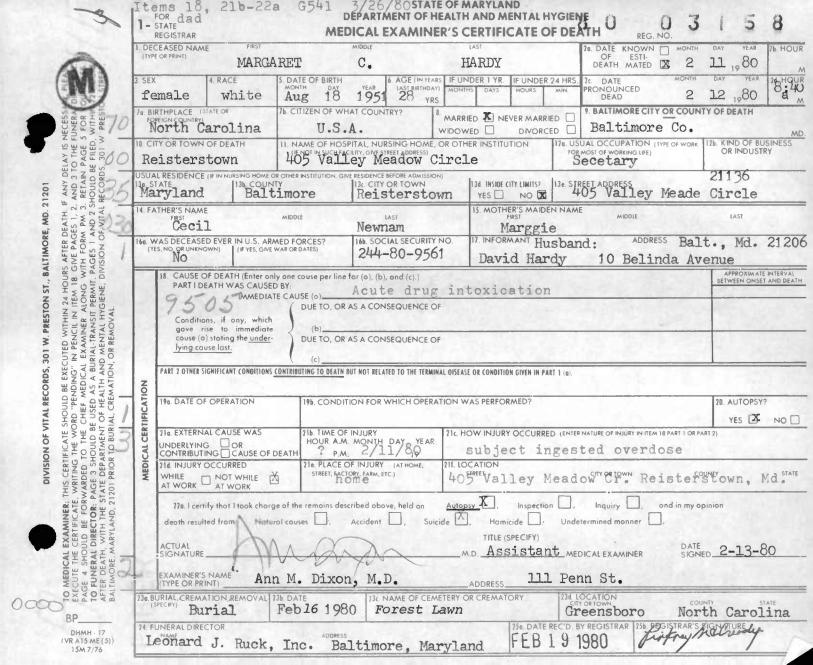
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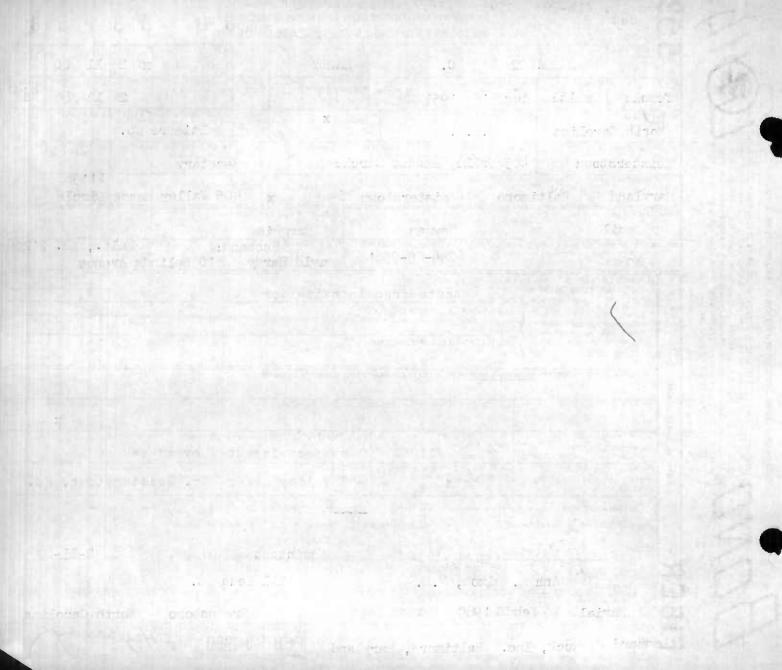
ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours ofter de

TO HOSPITAL

	FOR - STATE	DEPA	RTMENT OF HEALTH AND MENTAL HYG	HENE 8 0 0 3 1 5 7
	REGISTRAR 1. DECEASED NAME FIRST ITYPE OR PRINTS	MIDDLE	CERTIFICATE OF DEATH	REG. NO. 26 DATE OF DEATH MONTH DAY YEAR THEOUR
oge 3	Juli	a Rose Hance		February 14, 1980
adher	F _e male	White	Nov 9, 1896	83 YRS FUNDER LYEAR HUNDER HYEAR HUNDER HYEAR HUNDER HYEAR HUNDER HYEAR HUNDER HIELDER
neral dis	70. BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTE	RY? 1. MARRIED NEVER MARRIED WIDOWED M DIVORCED	Baltimore County of DEATH Baltimore County MD.
by the funeral diffied within 72 had notified at ance.	Catonsville	UF NOT IN SUCH FACILITY, GIVE STI	SING HOME OR OTHER INSTITUTION	176 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOUSEWILE
filled in sould be	130 STATE 136 C	AE OR OTHER INSTITUTION, GIVE RESIDENCE BE OUNTY ILL CITY OR TO Ward Ellico	OWN CITY 134. INSIDE CITY LIMITS? YES NO X	13. SIREET ADDRESS Drive 2709 Brinkleigh/Kord 21043
campletely s I and 2 sho	late Joseph B	MDDLE LAST	Is MOTHER'S MAIDEN NAME FIRST Late Flo	rence Peregoy
Poge medic	160 WAS DECEASED EVER IN U.S (YES, NO OR UNKNOWN)	GIVE WAR OR DATEST		Showe 2709 Brinkleigh Drive
signed by the attending physica then please remave carbon papers to burial, cremotian, or removal njury, or other traumatic event, the	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause last	DUE TO, OR AS A CONSEC	JCC) K	eic sous / gear dis. Almal Disease or Condition Given in Part 110
te has been sit permit giene print shows any in	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHI	ICH OPERATION WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
g physical ertificate ial-transintal Hyguem 18 sh		EDEATH HOUR A.M. MONTH	DAY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
After this ce as the bur alth and Me	OF CONTRIBUTING TALES AND A STATE OF CON	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.) 211 LOCATION STREET	COUNTY STATE
CTOR: Af for use of 1 of Health	12s.1 certify that (I) this h saw the deceased alive above, (I/lune/did) (de	ospital) attended the deceased from	mes.	death occurred on the date and hour and from the causes stated
NT: If the	CCOST	to Tue		MEDICAL STAFF DIRECTOR PHYSICIAN
etoined by TO FUNERA should be de with the Stol	27 PHYSICIAD DNAME (T	SIMAS	5 Howard	ceenty Wed Couts & C.C.
BP	230. BURIAL, CREMATION, REMO (SPECIFY) Burial	Feb 18 180	Loudon Park	Baltimore, Maryland state
DHMH-16 20M (VRA 15, 4) 7/7B	Harry H. Witzk	e 4112 Columb Tass	Ra Ellicott City	EREC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE







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MPORTANT: If Item 21 is marked or Item 18 shows any

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STATE OF MARYLAND

ì	1 -	STATE REGISTRAR			DEPAKIN		ICATE OF DEATH	REG. NO	0 0		9	
Ħ		CEASED NAME	FIRST	A	MIDDLE	· i	AST	20. DATE OF DEATH		AY YEAR	2b HOU	R
	(TYPE	OR PRINT)	JOHN	√ н.	HARMELI	NG		FEBRUAR	Y 22.	1980	6:2	5
	3. SEX	X		4 RACE		S. DATE C		6 AGE (IN YEARS LAST BIRT		FUNDER I YEAR	IF UNDER	24 HRS
	7.	Male		White	e	Dec.	1, 1892	87	YRS.	ONTHS DAYS	HOURS	WIN.
0		RTHPLACE (STATE OR FO	DREIGN	76. CITIZEN OF \	WHAT COUNTRY?	8.	SET MENER MARRIED	9 BALTIMORE CITY O		OF DEATH		
7	KINI ME	WX New Yor	k	U.S.	A.	WIDOWE	DIVORCED DI	BALTIMO	RE CO	UNTY		M
8	10 CI	TY OR TOWN OF DEA		(IF NOT IN SUC	HIFACILITY, GIVE STREET A		TAL	(TYPE OF WORK FOR MOST O Lumber Ins		12b. KIND C INDUSTRY N.Y	F BUSINE Tra:	
5	13a. S	AL RESIDENCE (IF NURS TATE ryland	13h COUN Bal	VIY	GIVE RESIDENCE BEFORE 13. CITY OR TOWN TOWSON	ADMISSION)	ARS UNZIDE CITA FIMILES	13e STREET ADDRESS 305 E. JO	ppa Ro	oad, Ar	ot. 2	.004
3	14. FA	John		WIDDLE	Harmeli	ng	15. MOTHER'S MAIDEN NAME FIRST Mary	ME		Hei	İst	
1	(Y	VAS DECEASED EVER (ES, NO OR UNKNOWN) ES	(IF YES, GIV	MED FORCES? E WAR OR DATES)	077-12-9		17. INFORMANT Margaret \	ADDRE		e As #1	L3e	
		Conditions, if ony, gove rise to improve (o), stotic underlying couse	, which mediate	(b)	R AS A CONSEQUE							
	Z	PART 2. OTHER SIGN	NIFICANT (CONDITIONS CC	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVE	N IN PART 1(01	
9	CERTIFICATION	19a DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO		WERE FINDING CAUSES		H?
7		21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DE	HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	RY IN ITEM 18, PAI	RT I OR PART 2)		
	MEDICAL	21d. INJURY OCCURI	HILE [7]	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC.)	211. LOCATION STREET	CITY OR TOV	VN	COUNTY	ST	TATE
		22a. certify that XI)		ottended the			2 , 19 80 nd that iXX (our) opinion DEGREE	, to2/2 deoth occurred on the de	2 m 1 of the ond hour			
		22d. PHYSICIAN'S N	Ling.	P. K	Justos	-1	ATTENDING PHYSICIAN [MEDICAL STAI		Jack :	22,1	98
				. DIZON	I. M.D.			K RD. 212	04			

DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR

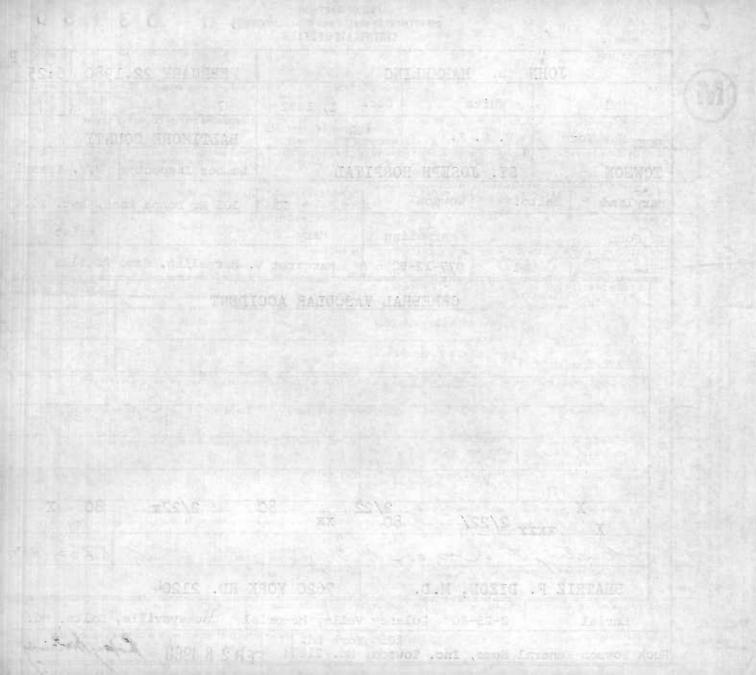
23a BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 23b. DATE 2-25-80

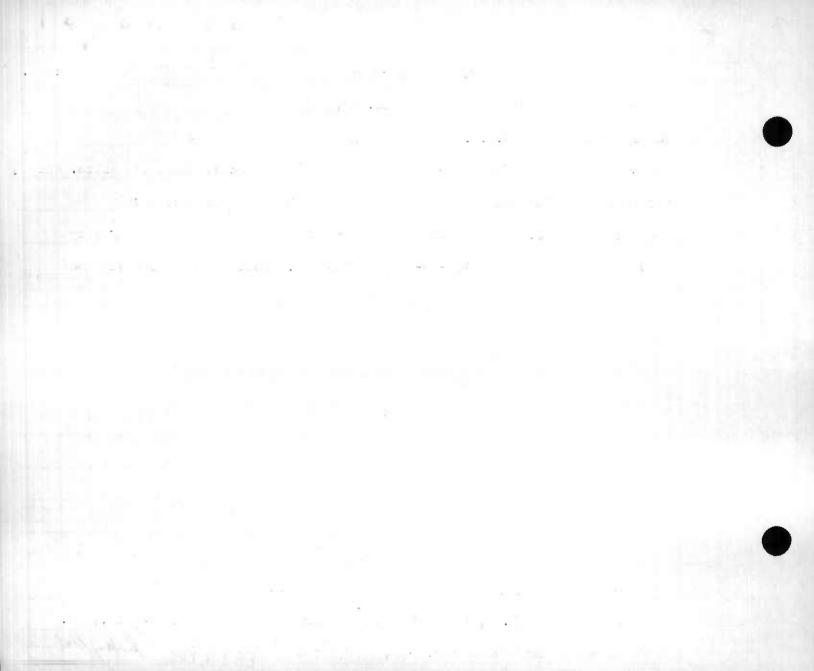
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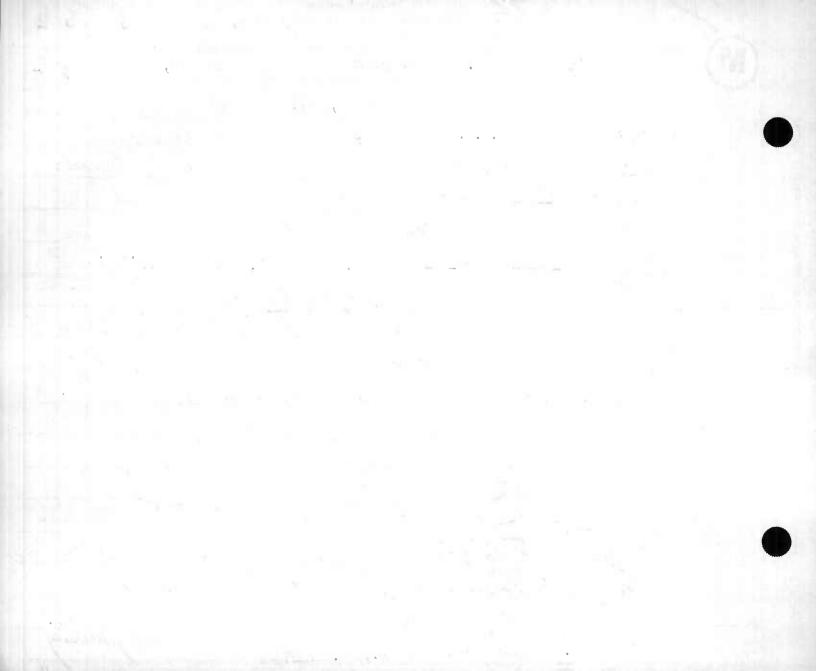
23c NAME OF CEMETERY OR CREMATORY

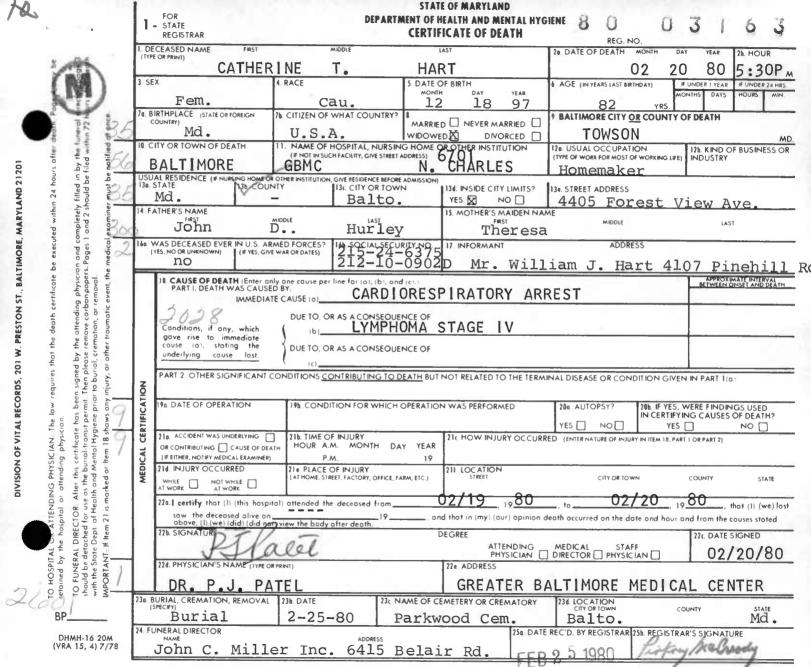
234 LOCATION
CITY OF TOWN
COCKEYSVILLE, Balto. Md.

1050 York Rd. ADDRESS 21204 Towson, Md. Ruck Towson Funeral Home, Inc.





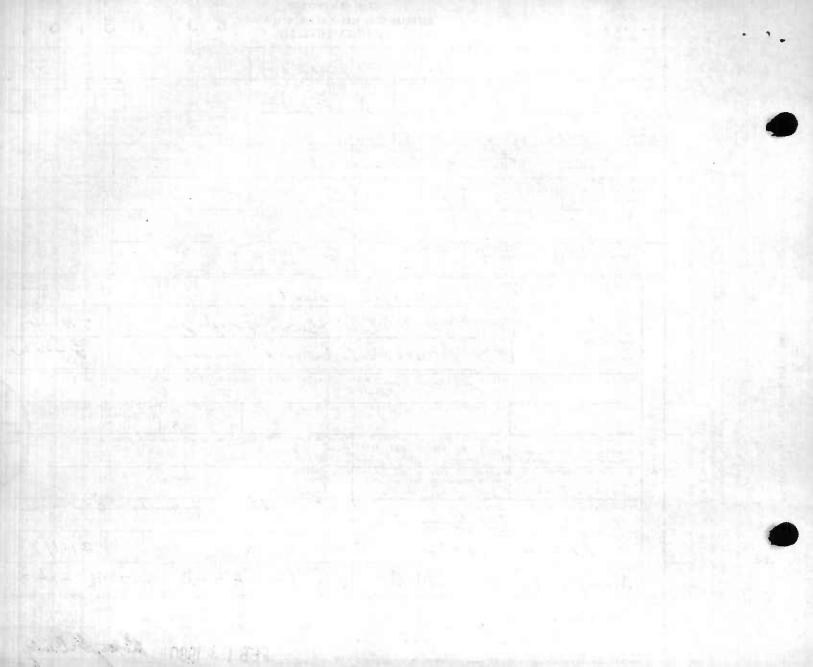




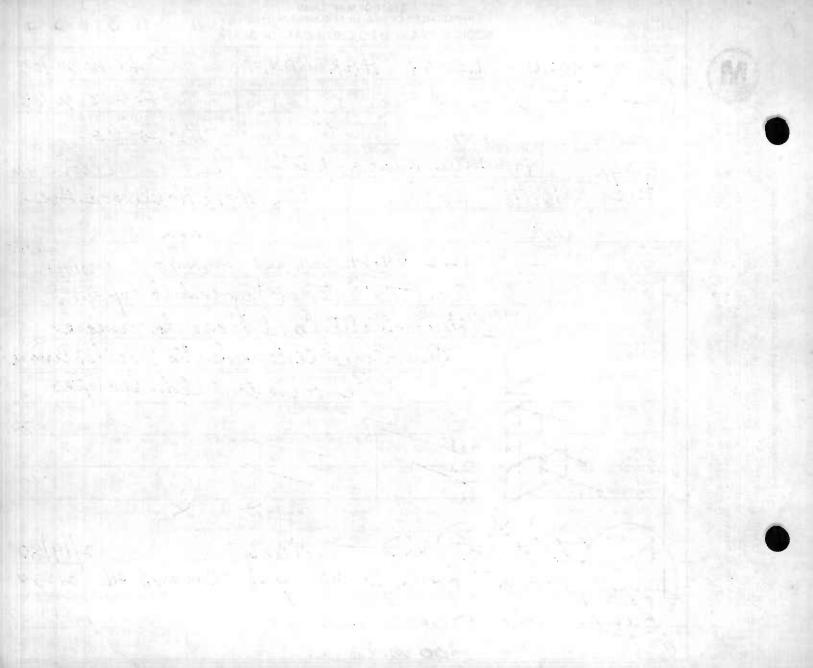
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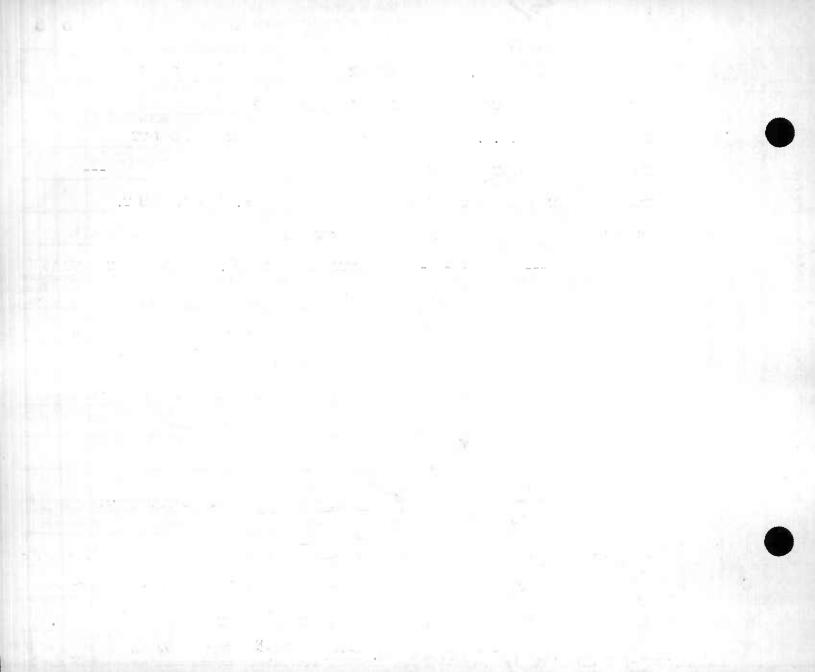
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	L	FOR - STATE REGISTRAR			CERTIFI	EALTH AND MENTAL HY CATE OF DEATH	REG. 1		3 1	6 4
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0.0		1971	78	VV .	H	ARTMAN			11-80	6731
rs offer	3. SE	× FEMALE	WHITE		5. DATE O	25 92	6. AGE (IN YEARS LAST BE	YRS.	MONTHS DAYS	IF UNDER 24 HRS
72 hou		RTHPLACE ISTATE OR FOREIGN	76. CITIZEN OF WH	AT COUNTRY?	8. MARRIED WIDOWEI	NEVER MARRIED	RALL WILL	OR COUNT RE COL	Y OF DEATH JNTY	ME
led within		PIKESVILLE	MILFORD A		IG HOME O	R OTHER INSTITUTION	120 USUAL OCCUPATION OF THE HOUSEWI			OF BUSINESS OR
3	USU 130	AL RESIDENCE (IF NURSING HOME OF NOTE	OR OTHER INSTITUTION, GIV	E RESIDENCE BEFOR	CITY	13d. INSIDE CITY LIMITS?	196781 PDRES	OWN &	#210 COUNTRY	
	14. F/	ATHER'S NAME	1			15. MOTHER'S MAIDEN N		- 17		
3		EDWARD	A .	(AST WF	INSTE	IN FLO	RA		COOF	
<u>S</u>		WAS DECEASED EVER IN U.S. A		SOCIAL SECU		17 INFORMANT AMBA		BR A.		
-		YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	066-10-9		AMERICAN EMB				
	-	18 CAUSE OF DEATH (Enter of				Capital Citat Anno		777		IMATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUS	ED BY:	Cour	line	arrest			at i week	Lary
		4140 Conditions, if any, which	DUE TO, OR A	S CEPTERU	NCEO+7	Konbers : 1	Compleyer		47	nich
		gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR A	Aceteer	ingest C	eigle Hea	El Disease		6	years
njury, ar	No.	PART 2. OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO I	PATH BUT I		MINAL DISEASE OR COI	NDITION GI	VEN IN PART 1	01
ows dmy	CERTIFICATION	19a, DATE OF OPERATION	196 CONDITIO	N FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDI	
frem 18 sh	1	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	HOUR A.M.	MONTH D	AY YEAR	214. HOW INJURY OCCU	RRED (ENTER NATURE OF INJ	URY IN ITEM 18.	PART 1 OR PART 2)	
morked or It	MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF	INJURY FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TO	NWO	COUNTY	STATE
21 is		22a.1 certify that (1) (this has saw the deceased alive a above, (1) (we) (did n	1 7W11	19	00 80,00	d that in (my) (our) apinio	3 , to 7 . L n death occurred on the	date and ha	ur and from the	that (I) (we) jost
VT: If hem		226 SIGNATURA	el be	S	n	ATTENDING PHYSICIAN	MEDICAL ST.		221. DATE 2/	CA (III
with the State		MANUEL L	EVIN	MIL)	61619K	HOUTS AVR	BALT	OMO:	2/2/5
3 3	23a.	BURIAL, CREMATION, REMOVA SPECIFUR EMATION	FEB.12.		OUDON	PARK	234 LOCATION CITY OF TOWN BALT I	MORE	COUNTY	ARY LAND
/73	24 F		LEVINSON 8	BROS.,			ATE REC'D. BY REGISTRA	R 25b. REGIS	RAR'S SIGNAT	Creade.
		6010 REISTERST	OWN RD. E	BALTO.,	MD 21	215	FR 1 2 1780		17"	

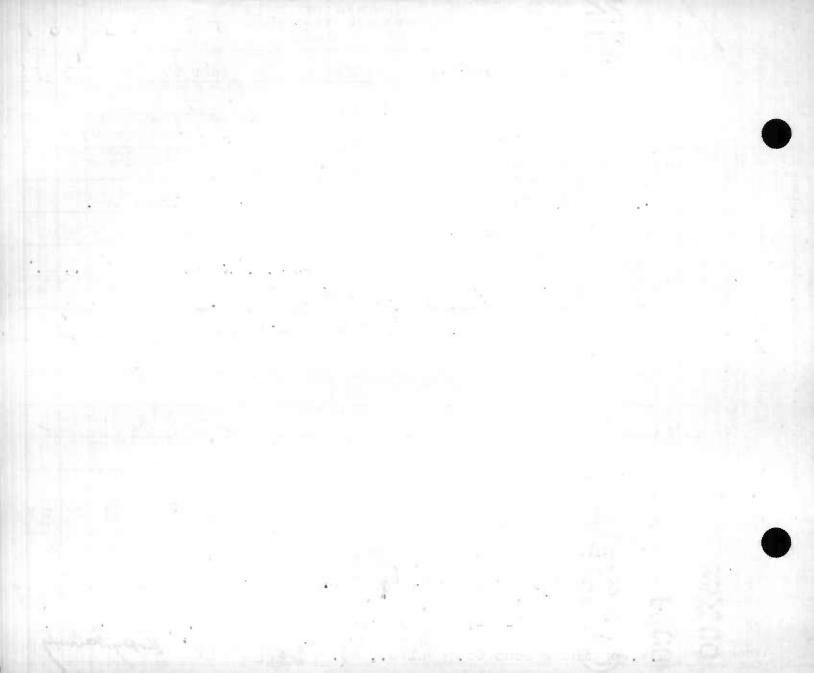


200			STATE OF MARYLAND
X		1	DEPARTMENT OF HEALTH AND MENTAL HYGIENES 3 6 5
//			REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.
	-		CEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MONTH DAY YEAR 26. HOUR
	(AA)		HAROLD. LEROY HARTRANET DEATH MATED - Feb- 18,080 1030
		3. SE	Vale Chite 5. Date of BIRTH DAY YEAR 16. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 26. DATE PRONOUNCED PRONOUNCED DEAD FOL 18 19 50 10 PM
	50056	1	
	CESS NERA	7a. BI	RTHPLACE (STATE OR REIGN COUNTRY) 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH
	#5 J		PENNA USA, WIDOWED DIVORCED DI Jallo CO, MD.
	T Z SEE A Z	10. CI	TY OR TOWN OF DEATH 11 JAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OF NOT IN SUCH ACTIVIT, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY) OR INDUSTRY
	SS BE	LISLIA	L REPIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
21201	F ANY DEL	13a. S	134. CITY OR TOWN 136. CITY OR TOWN YES NOW 47/3 Haselwood Ave
.2	3. 3. SH	14. E	NHER'S NAME
E, MD.	DEATH. II GES 1, 2, M PM 3. AND 2 SI DE VITAL		FIRST MIDDLE LAST FRIST MIDDLE LAST
OR	~ ~ ~ ~ ~	16a. \	VAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS ABOVE
BALTIMORE,	URS AFTER B. GIVE PA WITH FOI PAGES 1 DIVISION	(,	15. NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 202 10 4224 MARGARET MAENNIK daughter
BAI	IOURS AF 18. GIVE G WITH I	F	18 CALISE OE DEATH (Externally approximate interval
			PART I DEATH WAS CAUSED BY:
N	N 24 HC I ITEM 1 ALONG F PERMI Y GIENE,		MMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF
PRESTON ST.,			Conditions, if ony, which
2	A A A A A A A A A A A A A A A A A A A		gave rise to immediate (b) (b) (C) (C) (C)
301 W.	E Z X Z Z Z		Leveralis al Coleres levolte lascular Diserve
	XECUI G" IN CAL E) BURIL		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE REMIND OF THE PART 1 (0)
RECORDS,	"PENDING" IN "PENDING" IN EF MEDICAL SED AS A BUR SED AS A BUR HEATH AND CREMATION, C	MEDICAL CERTIFICATION	fale onset huld diabetes
W.	HIEF A	¥	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY?
I	O O T T E 1 /	Ĕ	YES NO DK
¥	ATE SHO WORD THE CHI ID BE US BURIAL,	1 1	210. EXTERNAL CAUSE WAS 210. TIME OF INJURY 21c. HOW INJURY OCCURRED (SWITCH NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
DIVISION OF VITAL	THE TO THE TOUT TOUT TOUT	¥ V	UNDERLYING OR HOUR A.M. MONEH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19
ISIO	CERTING TING TING 3 SHO DEPAI	100	21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME. 21f. LOCATION
DIV	THIS CER WARDED WARDED AGE 3 S TATE DEP	×	WHILE NOT WHILE STREET, FACTORY ARM, ETC.) STREET CITY OR TOWN COUNTY STATE
	R. THIS CERTIFICATE SH TE, WRITING THE WORL RWARDED TO THE CI S. PAGE 3 SHOULD BE 1 STATE OF PRIOR TO BURIAN		ALVOR.
	FOR FOR HE S' HE S' D', 21		22a. I certify that I took charge of the remains described above, held on Autopsy . Inspection Inquiry ond in my opinion
	A C C C C C C C C C C C C C C C C C C C		death resulted from Natural court cideat , Suicide , Homicide , Undetermined monner ,
	XAI LD LD IRE WIT		TITLE (SPEGIEN)
11000	A PA COUNTY		ACTUAL SIGNATURE M.D. QSS LEDY BEDICAL EXAMINER SIGNED DATE SIGNED
	SEA SEA		TOWNST VANIE TO MA OF MARKENA DA 21224
	MER COUT		EXAMINER'S NAME FRANK I KASIK IR ADDRESS 9005 HARFORD RC 21239
21.0	TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORK TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE SIS BALTIMORE, MARYLAND, 21	23a. B	URIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION
000	BP	1	BURIAL 2/23/80 MEADOWRINGE CEM CHYORTOWN BALTO. MD.
	DHMH - 17	24. F	UNERAL DIRECTOR 256. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	(VR A15 ME (5))	6	COUNTILL EXPORESS 300 MACE OR FEB 40 1980 - The bready
	30M 7/73		CIVILLE I I . II . DO IIII LE MEI



		1-	FOR STATE REGISTRAR		DEPARTI	MENT OF H	E OF MARYL EALTH AND ICATE OF I	MENTAL HYG	IENE 8 ()	0 3	3 1	6 6
\sim	ľ		CEASED NAME FIRST		MIDDLE	ı	AST		20. DATE OF DEATH MOR	NTH DAY	YEAR	26. HOUR
Mar 3			FLORENCE	Ξ.	E.	HAE	RVEY		2	6	80	м
		3 SEX		4 RACE		5 DATE C		YEAR	6. AGE (IN YEARS LAST BIRTHDA	Y) IF U	THS DAYS	IF UNDER 24 HRS HOURS MIN.
5 c			FEMA LE	WHITE		3	20	96	83	YRS		
un 72 ho un 72 ho ét pnos	35	C	RTHPLACE ISTATE OR FOREIGN DUNTRY) RYLAND	U.S.A	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER	MARRIED .	BALTIMORE CITY OR C		DEATH	MD
by the It	10		TY OR TOWN OF DEATH	I IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET NURS ING I	ADDRESS)	R OTHER INS	TITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO HOMEMAKER		126 KIND C	F BUSINESS OR
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2 sh		4 FA	THER'S NAME FIRST	MIDDLE	1457		15 MOTHER	S MAIDEN NA/	ME		145	61
Duo Duo	1		GEORGE		MICHAE:	L	CA	THER INE		HC	FFMAÑ	Ĭ
medicol)		AS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECU		17 INFORMA		ADDRESS			
emoval event, the me	Ė	, i	NO		213-48-	8703	BETTY	WACHSMU	TH NO. 6 ARK	LA COU		21228
nsit permit. Then please remove carb ygiene prior to buriol, cremotion, ar i shows ony injury, ar other troumotic.	2	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse iol, stoffing the underlying couse lost PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	conditions co	R AS A CONSEQUENCE ON TRIBUTING TO STATE OF THE SECOND SEC	DEATH BUT	ecs	- 1	INAL DISEASE OR CONDIT	b. IF YES. W	G CAUSES	NGS USED SOF DEATH?
ol-tronsit tol Hygin m 18 sh	9		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME O HOUR A.		AY YEAR	2)c HOW IN	NJURY OCCURE	RED (ENTER NATURE OF INJURY IN	ITEM 18, PART I	OR PART 2)	
or the		MEDICAL	I IF EITHER, NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	M. OF INJURY REET, FACTORY, OFFICE, I	19 FARM, ETC.)	21f LOCATION STREET	ОИ	CITY OR TOWN		COUNTY	STATE
of Health and			270.1 certify that (I) (this hasp sow the deceased alive or above, (I) (we) (did) (did)	- de f	19	80.0	Dada nd that in (my	19 19	death occurred on the date	ond hour on		that (1) (we) last couses stated
should be detoched with the State Dept MPORTANT: If them			226 SIGNATURE	J E	Kn	re	1110	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1	22c. DATE	SIGNED 182
with the St WITH THE ST WPORTAN	1		22d. PHYSICIAN'S NAME (TYPE O		WE		220 ADDRES	ss ~~~~	mit No	us	my.	Home
5 4° ₹.		1	URIAL, CREMATION, REMOVAI				EMETERY OR		BALT TMORE	COL	UNITY	MD.
			RTAL INERAL DIRECTOR	2/8/80		NOUD.	FARK U	METERY 250 DAT	E REC'D. BY REGISTRAR 25b.	REGISTRAF	'S SIGNAT	
H-16 20M			NAME	HOME /1	ADDRESS	C ATTE	21 220	CCD		Rifa	Acc.	200
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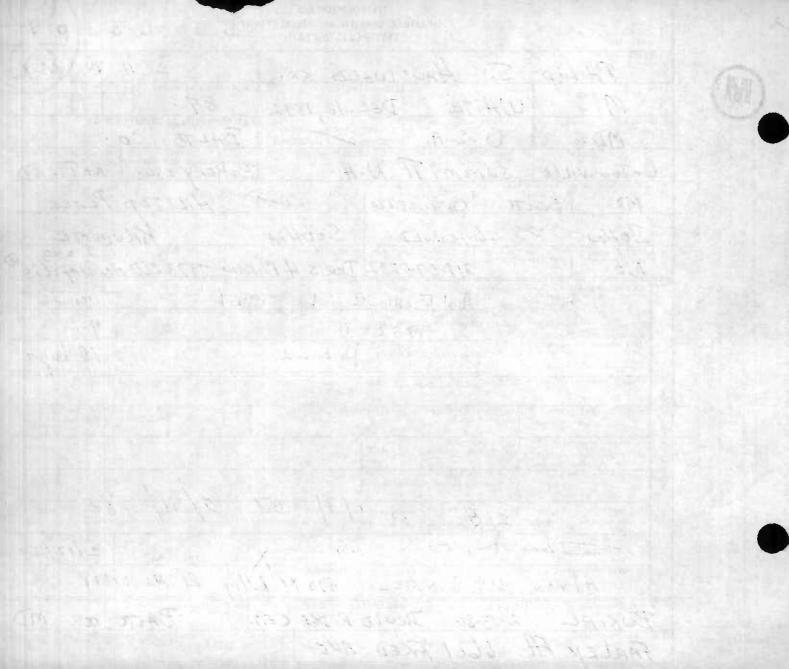




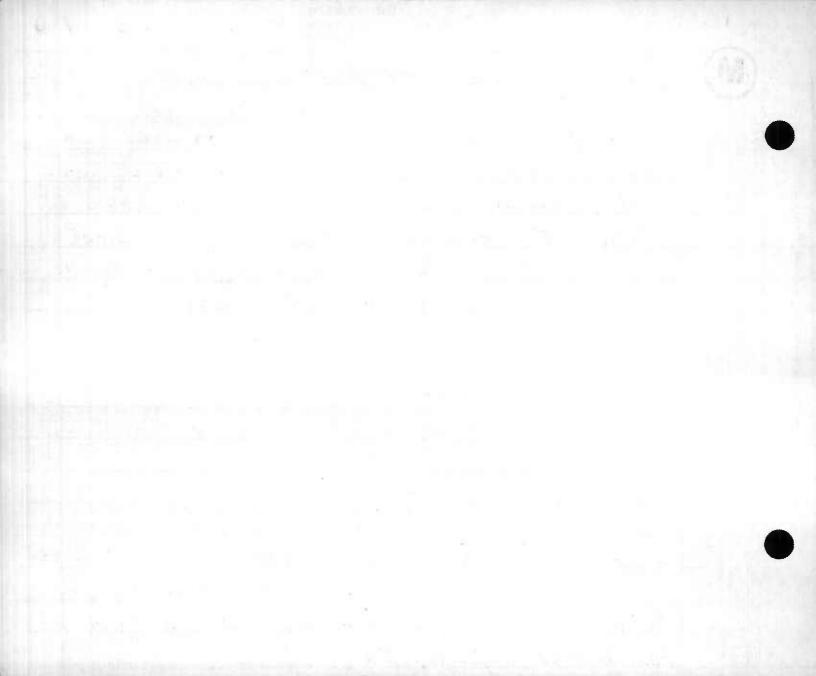
4		REGISTRAR			DEFARI		EALTH AND MENTAL HYC ICATE OF DEATH	REG. N	U	5	0 0
		CEASED NAME	FIRST	, ,	MIDDLE	ı.	AST	20. DATE OF DEATH		AY YEAR	2b HOUR
	(TYPE	OR PRINT)	ROBERT	T HAST	TINGS			2/1	2/80		3:23p
	3 SE	X	4.	RACE Wh	ite	S. DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	F UNDER I YEAR	IF UNDER 24 HRS
		Male			asian		/18/07	XX 7:		ONTHS DAYS	HOURS MIN
e.	Za Bi	RTHPLACE (STATE OR F	OREIGN 76	CITIZEN OF	WHAT COUNTRY		NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
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orified o		ITY OR TOWN OF DE		I. NAME OF	HOSPITAL, NURSI	ING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	12b KIND OF	BUSINESS OF
(a)	T	owson		Greate	r Baltim	ore Me	dical Center	Contractor		Brick	k Work
1865 Page 1869	M	AL RESIDENCE (IF NUR STATE aryland ATHER'S NAME		imore	13c CITY OR TOV		134 INSIDE CITY LIMITS? YES NO XX 15 MOTHER'S MAIDEN NA	13e. STREET ADDRESS 818 Western	Run R	Road	
www.	J	ohn Has	tings	DDLE	LAST		Flora M. k	latson		LAST	
medicol	16a. V	VAS DECEASED EVER YES, NO OR UNKNOWN) Yes	(IF YES, GIVE W	AR OR DATES)	213-09-		Marguerite F			eysvill	
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other		underlying cause		DUE TO, O	R AS A CONSEQU					138'33	
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>		■ PART 2 OTHER SIG	NIFICANT CO	NDITIONS CO	ONTRIBUTING TO	DEATH BUT		AIN AT DISEASE OR CON	IDITION GIVE	N IN PART To	
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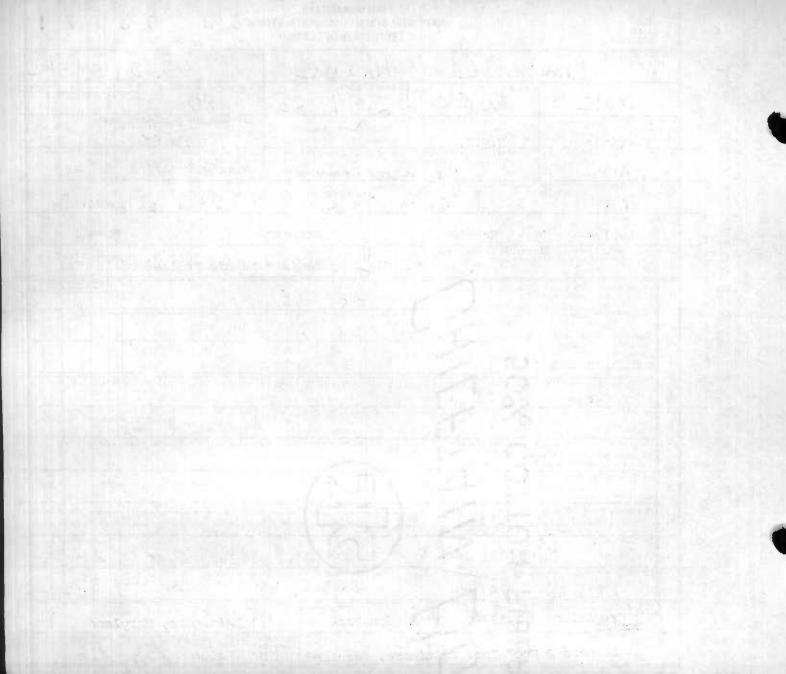
10 1	1			STATE OF MARYLAND		
Ja 1	1	FOR STATE REGISTRAR	DE	PARTMENT OF HEALTH AND MENT. CERTIFICATE OF DEAT		0 3 1 6.9
	(TYP	CEASED NAME FIRST PHILIP	J. H	qus luald sk	26. DATE OF DEATH MON	11 80 230pm
	3. SE	M	WHITE	DEC. 16, 18		MONTHS DAYS HOURS MIN.
he funeral a	5 '	IRTHPLACE (STATE OR FOREIGN OUNTRY) ITY OR TOWN OF DEATH	U.S.A	MARRIED WEVER MARRIE	DALTO.	Co · MD.
1201 Durs after in by the file filed with	0 1	CATONSVILLE	(IF NOT IN SUCH FACILITY, GIV	11 N.H.	LIVE OF WORK FOR MOST OF WO	
LAND 21 In 24 hai y filled ir should be	5 130	AL RESIDENCE (IF NURSING HOME OF STATE 136 COURS	NTY 131 CITY O	RTOWN 13d. INSIDE CITY LIM	HILL!	TOP PLACE
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be executor on a control of contr		WAS DECEASED EVER IN U.S. AF YES, DO OR UNKNOWN) (IF YES, GIV	EWAR OR DATES) 2/7-6	17-0232 DORIS H	L MORAN 9878	OLD ANNAPOLIS
tDS, 201 W. PRESTON ST., BAL equires that the death certificate signed by the ottending physici. Then please remove carbon poper to buriol, cremotion, or removal. njury, or ather troumatic event, the	z	Canditions, if any, which gave rise to immediate cause ial, stating the underlying cause last	DUE TO, OR AS A CON (c) DUE TO, OR AS A CON (c)	EARDID-People Thony SEGUENCE OF V.D.		APPROXIMATE INTERVAL BETWEEN ONST AND DEATH Muture, / Own ON GIVEN IN PART 1(0)
AL RECOR	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20 IN YES NO	B. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
DIVISION OF VIT DING PHYSICIAN: or ottending physics After this certifical so of the buriol-tron soith and mental Hy morked or Item 18	MEDICAL CEI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ACAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hospi	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, (H DAY YEAR 19 211 LOCATION STREET from	OCCURRED (ENTER NATURE OF INJURY IN	COUNTY STATE , 19 , that (I) (we) last
HOSPITAL OR ATTEN and by the hospital Properties of the State DIRECTOR. and be detached for unite State Dort of He Properties of He		sow the deceased olive on abave, (I) (we) (did) (did no 22b. SIGNATURE	it) view the body after death.	DEGREE	DING NA MEDICAL STAFF	22c. DATE SIGNED 2 / 12/80
TO HOSPITA TO FUNERAL Should be with the Stote	22-	AdNAN	M. Sor	MEZ GOUX	1. 21/19 Pd M	14, 21228
4005 BP		BURIAL, CREMATION, REMOVAL BURIAL UNERAL DIRECTOR	23b. DATE 2-13-80		CEM. 23d. LOCATION CITY OR TOWN B.	A-TO: O. MD
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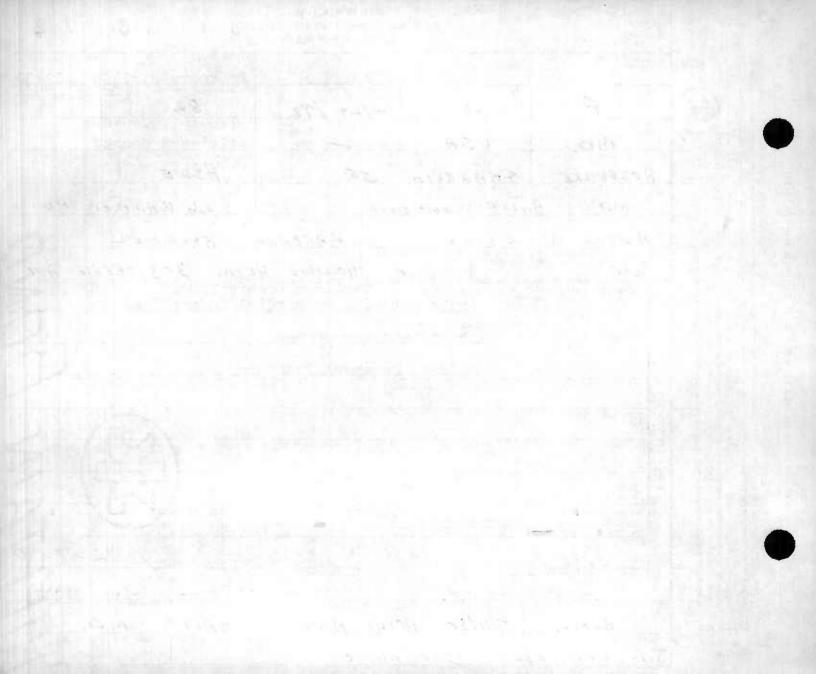


9		1.	STATE REGISTRAR		DEPART		CATE OF DEATH	REG. N	10.	5	/ U
a M)	(TYPE	CEASED NAME FIRST OR PRINT) Le		MIDDLE .	HAY	iden	20 DATE OF DEATH	MONTH DA	80	1 Som
ige 4 mo		3 SE	F	4 RACE	2	5. DATE OF	DAY PEALS	6 AGE (IN YEARS LAST BIR			HOURS MIN.
rer death. Po re funeral dii within 72 hou	35		RTHPLACE (STATE OR FOREIGN DUNTRY)	75 CITIZEN O	S .	MARRIED WIDOWED	NEVER MARRIED DIVORCED	BALTIMORE CITY	mo R		ty MD.
rs off by th	notified 10	e	or town of death	old S	COURT I	Vuesi	NOTHER INSTITUTION MY CENTUR	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST C	OF WORKING LIFE)	12b. KIND OF INDUSTRY	BUSINESS OR
nin 24 hou ly filled in should be	SSS be		AL RESIDENCE (IF NURSING HOME STATE UB-CO		ON, GIVE RESIDENCE BEFORE 13c. CITY OR TOWN WEST	Jul	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS	16 V	Alen	Rd
omplete	October 1		Philip -	MIDDLE	Hammon	2	Rust R	MIDDLE		Smit	Ł.
be execu	2	léa V	VAS DECEASED EVER IN U.S. (15 YES, C)	ARMED FORCES?	213-52	7207	BERNARD	Hayden	ESS We		ter, Mc
ertificate ng physicie banpaper remaval.	c event, th		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMEDI	only one couse p SED BY IATE CAUSE (0)_	er line for joi, (b), on	ESP)	RATORY	ARREST	-	SETWEEN ON	ATE INTERVAL ISET AND DEATH
e death c attendir	fraumati		Conditions, if any, which gove rise to immediate	DUE TO,	OR AS A CONSEOU	ENCE OF					
es that the red by the please re- arial, crem	or other		couse (01, stating the underlying couse last	(c)_	OR AS A CONSEQU						
equire an sign Then in to bu	y intury.	TION	PART 2 OTHER SIGNIFICAN STRUKE	, REW	T'WBAN						
ne lo	2 yours out	CERTIFICATION	190 DATE OF OPERATION		DITION FOR WHICH	OPERATION		200 AUTOPSY? YES NO	IN CERTIFYI YES		OF DEATH?
IYSICIAN The ding physicia is certificate b burial-transit Mental Hygie	Hem 18	MEDICAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	DEATH HOUR	OF INJURY A.M. MONTH D. P.M.	AY YEAR	21c HOW INJURY OCCU	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PAR	T 1 OR PART 2)	
offen this as the but	arked or	MED	WHILE OCCURRED WHILE ON TWHILE OF AT WORK	21s PLAC	E OF INJURY STREET, FACTORY, OFFICE, I	FARM, ETC)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
ATTENDI Spital or CTOR: A I for use of Heal	n 21 is m		22a L certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did	on 2-16			19 <u>SA</u> I that in (my) (our) opinion		, , ,	and from the co	
TAL C. AT by the hasp RAL DIRECT detached to	- F		22b SIGN (UII)	stur	rta	2		MPDICAL STA	FF CIAN []	220 DATE SI 2-10	
TO HOSPITAL tretoined by the TO FUNERAL I should be detained with the State I	MPORTANT		22d. PHYSICIAN'S NAME (TYPI	STUAR	+ fr.		old Court	Rd RAN	dnilst	twn	Md.
BP	_	Z	URIAL, CREMATION, REMOVA	236. DATE 2-13		pring!	uld Cerutur	THE LOCATION CONTROL MET	ille C	Markl	Mid.
DHMH-16 2 (VRA 15, 4) 7	0M 7/78	X	W. Haigi	lt s	y/asville	' The	L. Pet	TE REC'D. BY REGISTRAR	ZSB. REGISTRA	PS SIGNATUI	7
				6							_



FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MEN CERTIFICATE OF DEA		
1. DÉCEASED NAME (TYPE OR PRINT) 3. SEX 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		221	80 5 50 1 YEAR IF UNDER 24
3. SEX male	1 RACE White S. DATE OF RIBYH MONTH DAY	YEAR 80 YRS MONTHS	DAYS HOURS
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED ★ NEVER MAR ### WIDOWED DIVOIT	CED DATO.	
SALO.	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITU (IF NOT IN SUCH FACULTY, GIVE STREET ADDRESS) THE GOOD SAMAN	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDL	IND OF BUSINES ISTRY Ficer
USUAL RESIDENCE (IF NURSING HOME OR	SATO, YES DE N	alsol PENTLA	nd Dr
14 FATHER'S NAME FIRST Charles W	nay	nnette Po	well
160 WAS DECEASED EVER IN U.S. AR. (YES, NO OR UNKNOWN) (IF YES, GIVE		uis F Haynie Ft Lauderdal	
PART I. DEATH WAS CAUSE		PE	APPROXIMATE INTERVI TWEEN ONSET AND D
	E CAUSE (6)		
Conditions, if any, which gove rise to immediate		Immobilization	
couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF		
	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDITION GIVEN IN P.	ART 1(o)
SONCY PORTION 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH OPERATION WAS PERFORM	IED 200. AUTOPSY? 20b. IF YES, WERE	FINDINGS USED
3 9 1 A ACCIDENT WAS LIND FRIVING.		YES NO YES	NO [
CALISE OF DE	HOUR A.M. MONTH DAY YEAR P.M. 19	RY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR F	PART 2)
THE STATE OF THE S	216. PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.] 211. LOCATION STREET	CITY OR TOWN COU	NTY ST
sow the decensed plive on	2 · 2 · c · 19 S() and that in (my) (o	19, to, 19	om the couses sto
obove, (I) (we) (did) (did no	ot) view the body after death. DEGREE	220	. DATE SIGNED
226. SIGNATURE	Urigan Sar & PH	ENDING MEDICAL STAFF YSICIAN DIRECTOR PHYSICIAN	2.21.8
22d PHYSICIAN'S NAME (TYPE OF ANT AN	SAPRA 2805	c, Cold Stream Way	Baltin MD212
(SPECIFY) Cremation	23b. DATE 23c. NAME OF CEMETERY OR CRI	MATORY 23d LOCATION COUNTY Baltimore, Maryla	
24 FUNERAL DIRECTOR		250. DATE REC'D. BY REGISTRAR 258. REGISTRAR'S S	

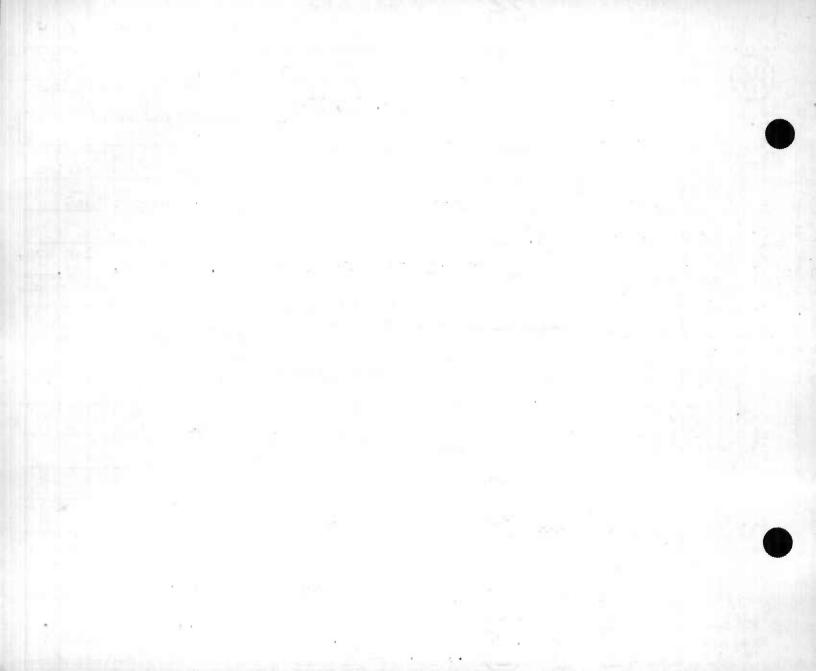




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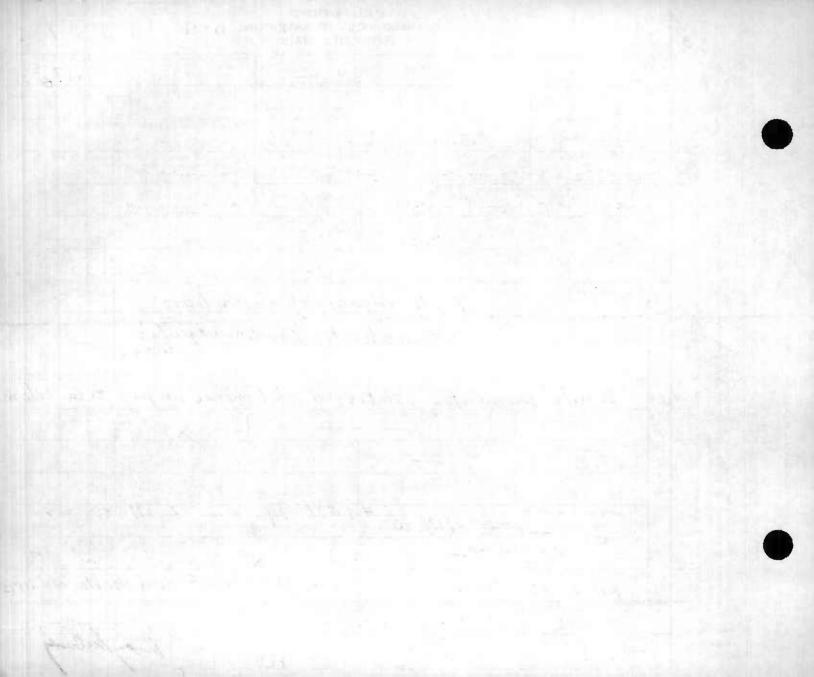
1905 York Road

(VRA 15, 4) 7/78



7922 Wise Avenue, Dundalk, MD 21222

(VR A 15 (4))

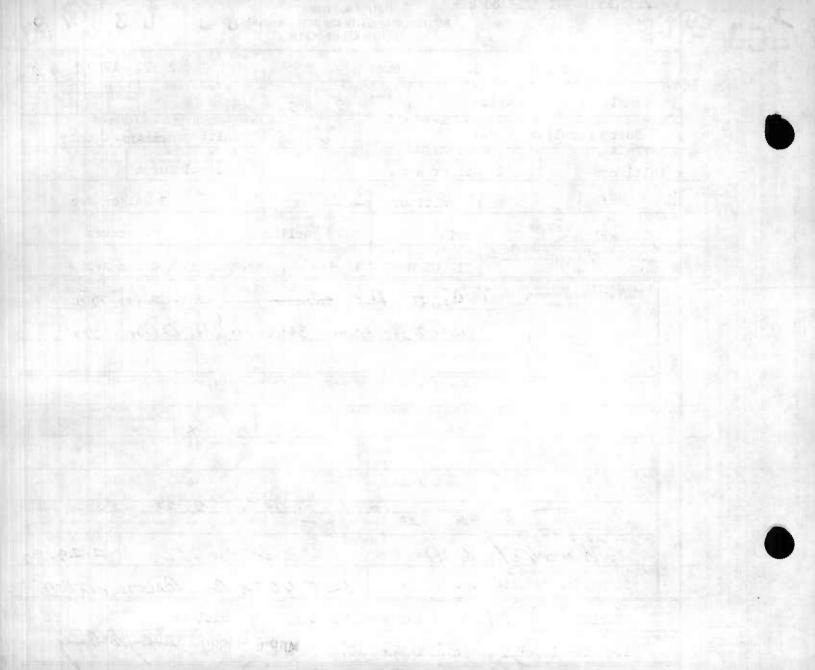


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 22013 CERTIFICATE OF DEATH in by the funeral ers. Pages 1 and 2 22 haurs after death. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR 24 haurs after death (Type or print) Hoster Month Doy Fo Year A. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER † YEAR IE LINGER 24 HRS April 5, 1887 lost amhay) DAYS HOURS White Female 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED papers. country) Pa. IISA Balto. Co. WIDOWED # DIVORCED filled i 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of wark dane 12b. KIND OF BUSINESS OR give regarders in the pines N.H. during most of warking life, even if retired.)
Housefife INDUSTRY physician and campletely f en please remave carban Catonsville Home 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN ATTENDING PHYSICIAN: The law requires that the death certificate be executed 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b COUNTY Balto. City Md. YES # NO 3033 Remington Ave. burial, crematian, ar remaval, and in any 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Sophia Middle Last Still William Weiss 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, po or unknawn) 217-18-0294 Hampstead, Md. 21074 James Kistner signed by the attending phy burial-transit permit. Then APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND OFATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a). attending physician. DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ficate has been s far use as the b f Health priar tab Barren Junarons 19a. DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO Z O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us shauld be filed with the State Dept. of Healt be retained by the haspital ar 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn County State While Not while at wark 22a. I certify that (I) (this hespital) attended the deceased from 3-27-, 1976, to 2-6-, 1980, that (I) (Ne) last saw the deceased alive an 2-6-1980, and that in (my) four) opinion death accurred on the date and hour and from the couses stated above, (1) (well(and) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR 2-6-80 DEGREE 228. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)
Burial Feb 8, 1980 Pine Grove Cemetery Raveille Balto. Co. Md. 24. FUNERAL DIRECTOR Funeral Home Hampstead, Md. 21074 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 45M · 1/69

MARYLAND STATE DEPARTMENT OF HEALTH

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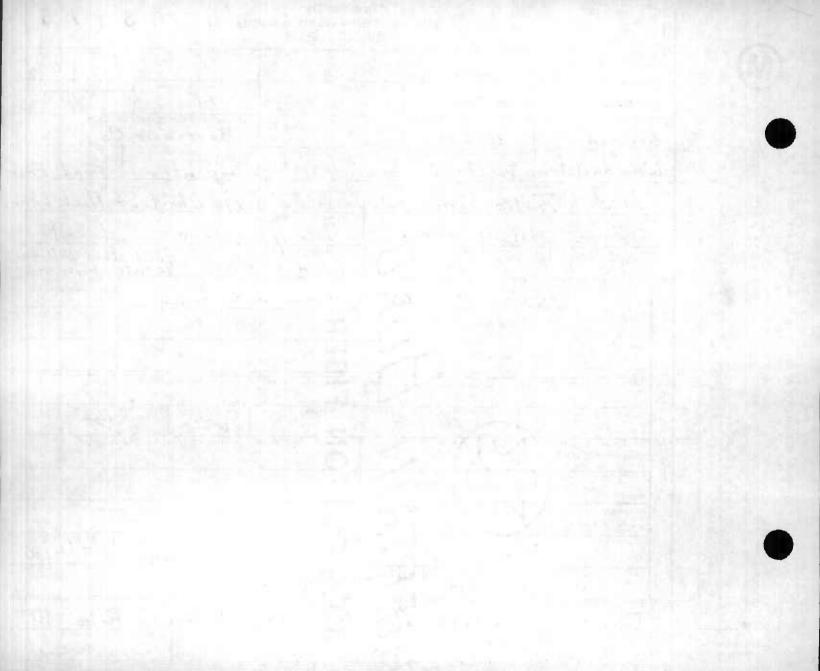


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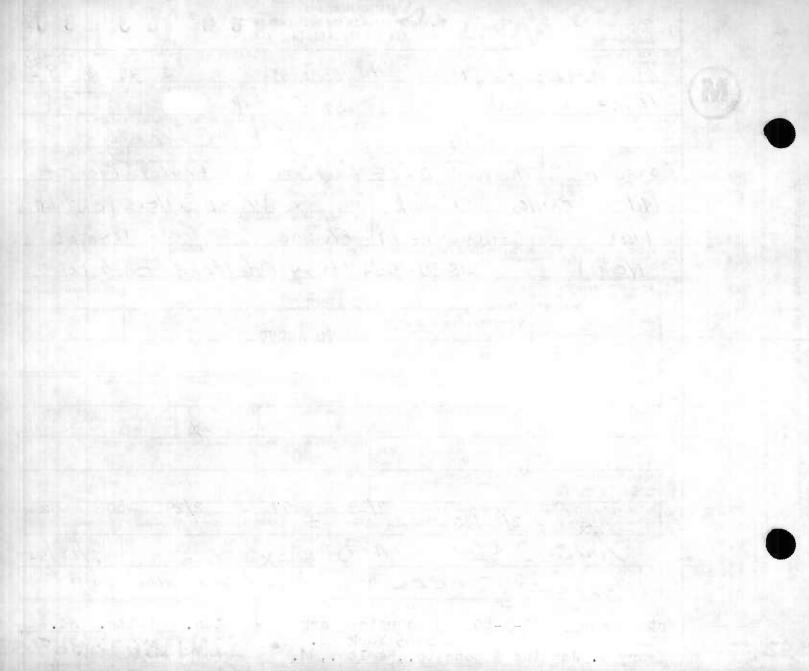
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST 2b. HOUR KNOWN TYPE OR PRINT OF ESTI-80 ALBERT DEATH MATED Jr. HINES SEX 4 RACE IF UNDER TYR. DAY 2 480 DATE OF BIRTH A AGE (IN YEARS IF UNDER 24 HRS YEAR DATE MONTH LAST BIRTHDAY PRONOUNCED 80 male. black 31 33 DEAD 46 YRS To. BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore County DIVORCED MARYLAND WIDOWED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Spring Avenue OTSABLED LIFE) HALETHORPE SHOULD BE USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13d. INSIDE CITY LIMITY V 13e. STREET ADDRESS 3MATRY LAND HALLETHORPE 4522 SPRING AVENUE PAGES 1 AND 2 S 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST NICKENS DENICE HINES ALBERT ULYSSES 7. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (YES. NO PRHINKNOWN) HALETHORPE. MARYLAND (IF YES, GIVE WAR OR DATES) 212-34-2738 WENDOLYN HANCOCK APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease HYGIE DUE TO, OR AS A CONSEQUENCE OF any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last CREMATION. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF TO BURIAL YES X NO VARDED TO THE CAGE 3 SHOULD BE ATE DEPARTMENT C 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH PM PRIOR 21e PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN COUNTY STATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR:
AFTER DEATH, WITH THE S BALTIMORE, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held an Natural causes X death resulted fram: Undetermined manner TITLE (SPECIFY) ACTUAL SIGNED 2-5-80 ssistant __MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn Street 23 a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION MARYLAND BALTIMORE BURTAL 2-7-80 MT. CALVARY 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. HE WITHA **DHMH-17** ADDRESS 1721 N. MONROE STREET PHILLIPS FUNERAL HOME (VR A15 ME (5)) 1980 15M 7/77

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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REG. NO.

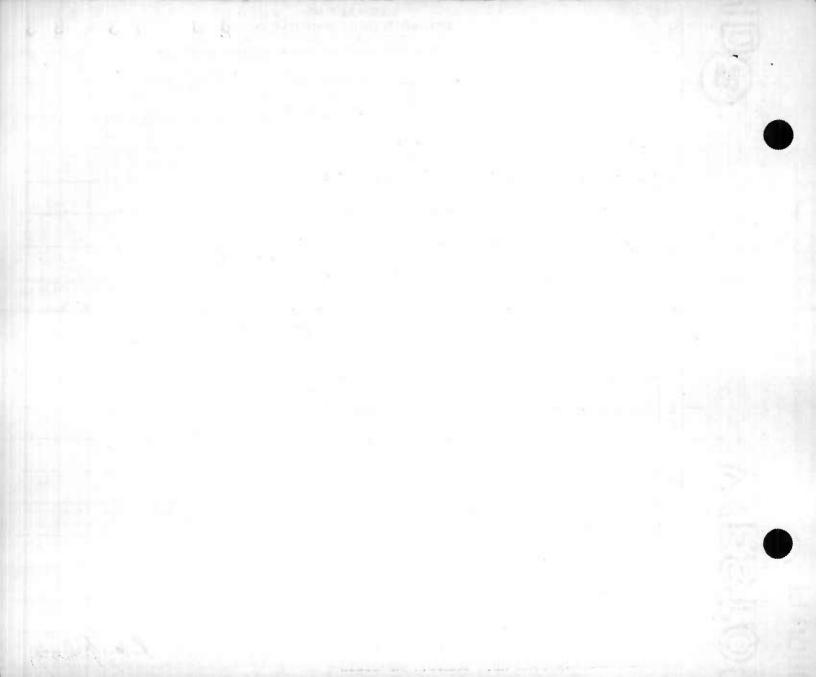
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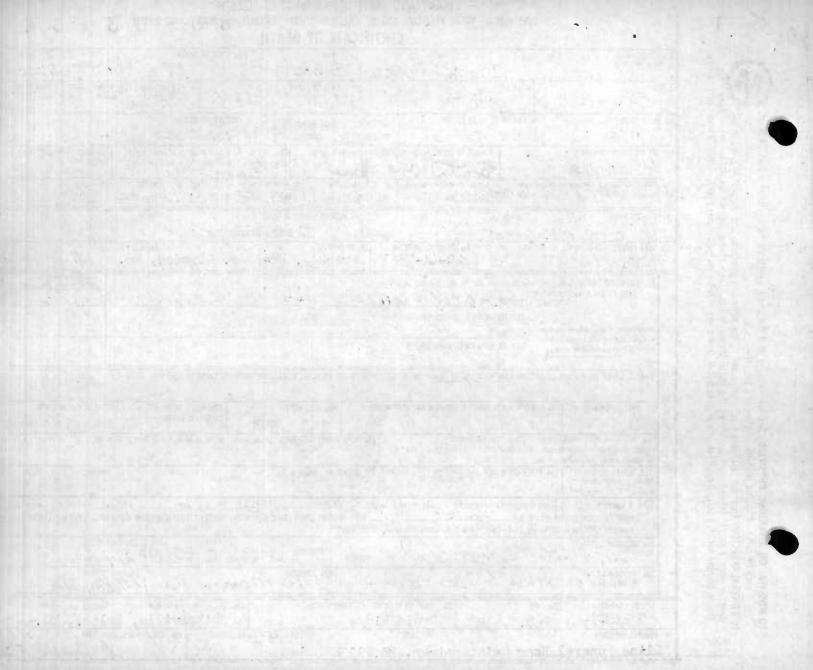
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	ecuted within 24 hour completely filled in by ove corbon papers. Py event, within 72 hour papers.		O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 12. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)							
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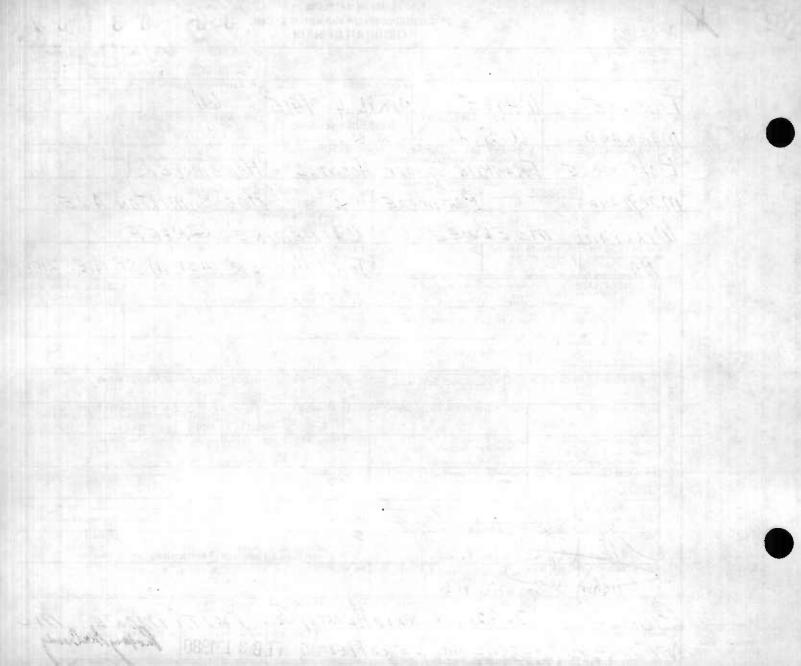


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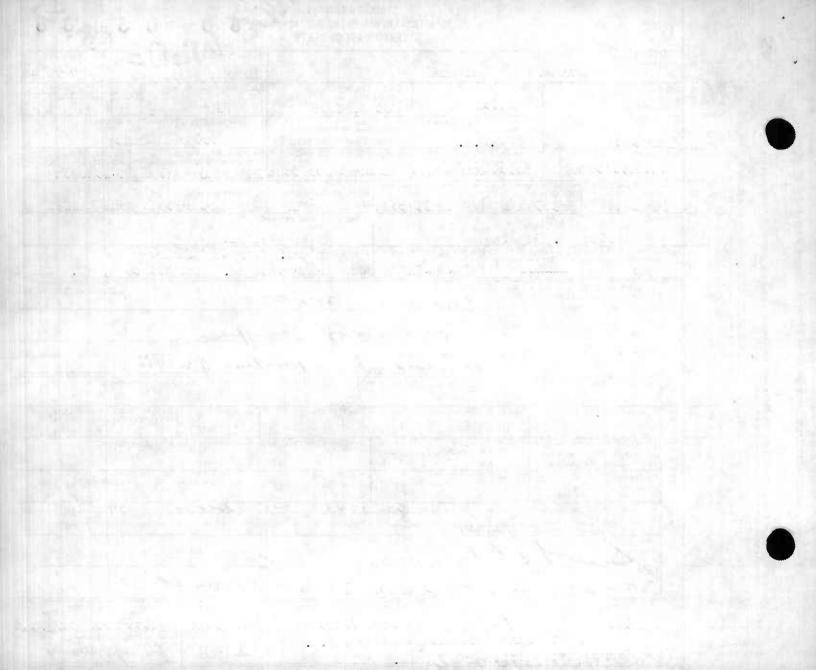
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8728 Liberty Road Randallstown, MD. 21133

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(VRA 15, 4) 1/79



UNERAL HOME GLEN BURNIE MD

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

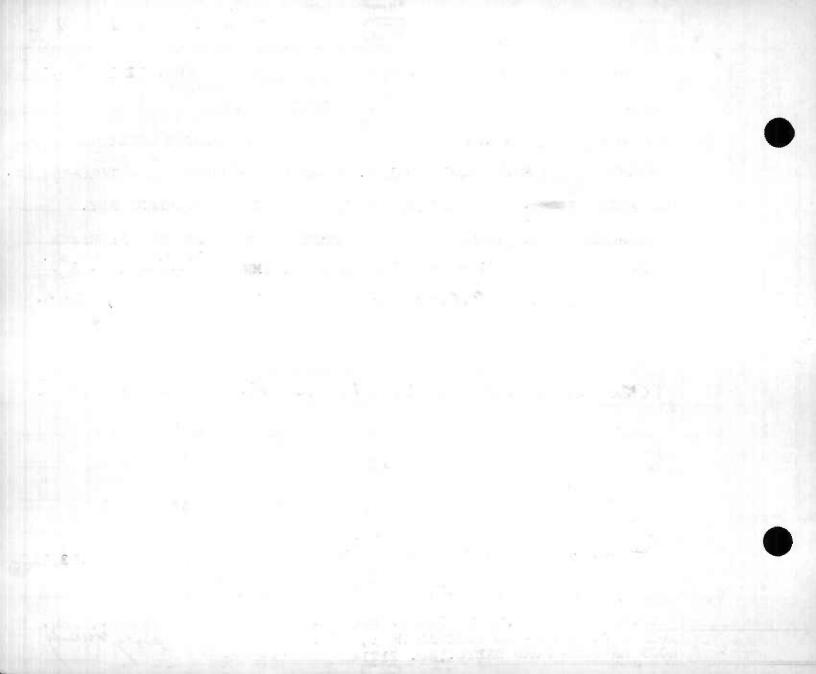
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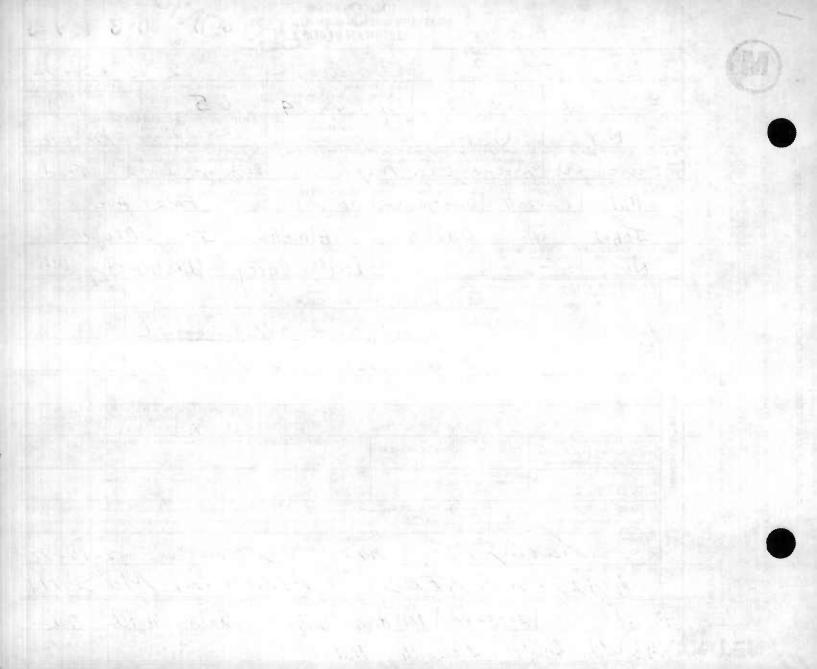
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20 DATE OF DEATH MONTH (TYPE OR PRINT) BERTHA JACKSON 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH DAYS Female White Sept. a. BIRTHPLACE (STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Virginia USA BALTIMORE COUNTY WIDOWED DIVORCED [] 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR Swann Shoe (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Seamstress TOWSON SAINT JOSEPH HOSPITAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY Baltimore 4828 Wright Ave. Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Sarah Charles Miller E. Tolley MEDICAL EXAMINER ADDRESS 1100 Tace Drive 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 219-38-2436 Robert Jackson (son) Apt.1C. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY CARDIAC ARREST IMMEDIATE CAUSE (c AS A CONSEQUENCE OF EPTIC SHOCK Conditions, if any, which gove rise to immediate couse (o). stating the AN AEROBIC SEPSIS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION RELEASED CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 200 AUTOPSYS IN CERTIFYING CAUSES OF DEATH? DANCREAS 18 -80 ARCINDMA 18 shows NO T ond Mental Hygi 210. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH ten MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED THE PLACE OF INJURY 211 LOCATION morked or (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE: NOT WHILE WHILE AT WORK -11-80 220.1 certify that X (this hospital) attended the deceased from 19. 🕵 🔼 , and that in 🗽 (our) opinion death occurred an the date and hour and from the couses stated sow the deceased alive on above, (1) (we) (did) (a d 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPEOR PRINT) uld b AND M.D JOSEPH HOSPITAL, BALTO, M 231 NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, REMOVAL 23b. DATE 2/23/80 Baltimore, Maryland Burial Gardens of Faith 24. FUNERAL DIRECTOR ek Funeral DHMH - 16 50M 1/76 Brehms LaneFEB (VR A 15 (4)) Home. Inc

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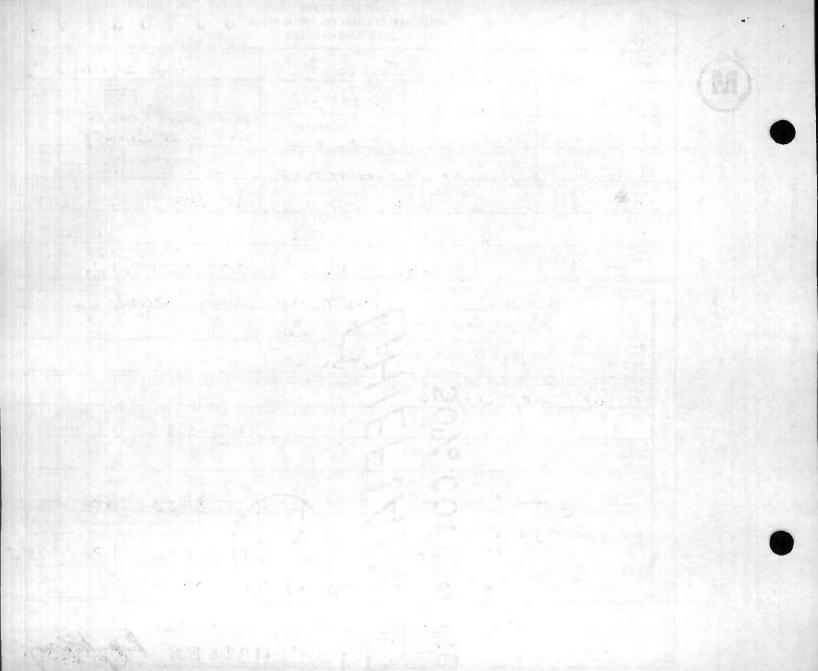
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2-16-80 CANTROLA PAROPERS

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH 1. DECEASED NAME (TYPE OR PRINT) TACOBS FEB 1980 BERTHA 10: 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS DAYS HOURS MARCH 13,1895 FEMALE Th. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED COUNTRY) BAITIMORE COUNTY RUSSIA USA WIDOWED DIVORCED 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SALESPERSON DRESSES PIKESVILLE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 13a. STATE 136 COUNTY 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 3601 LABYRINTH RD. (21215) BALTIMORE YES X MARYLAND NO [15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE LAST FIRST MIDDLE FIRST UNKNOWN PINCUS SAPPERSTEIN MINNA ADDRESS BUCKINGHAM RD. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) MRS. VIVIAN WEISSMAN TENAFLY, N.J. (07670 215-09-5989 NO APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOF YES [NO I 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21f. LOCATION 21d. INJURY OCCURRED 21 a PLACE OF INJURY 5 COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (I Whis haspital offended the deceased from ... and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated saw the deceased alive on. 22c. DATE SIGNED 22b. SIGNATURE DEGREA MEDICAL 7-23-ATTENDING should be deta with the State PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME TYPE OPPRINT 22 a. ADDRESS 600 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE COUNTY STATE (SPECIFY) 2/24/80 BALTIMORE. BURTAL BALTIMORE HERREW 25a. DATE REC'D. BY REGISTRAR 25b. REGIST 24. FUNERAL DIRECTOR 6010 REISTERSTOWN RD DHMH - 16 25M (VR A 15 (4)) 9/74 BALTIMORE, MD. (21215) SOL LEVINSON & BROS

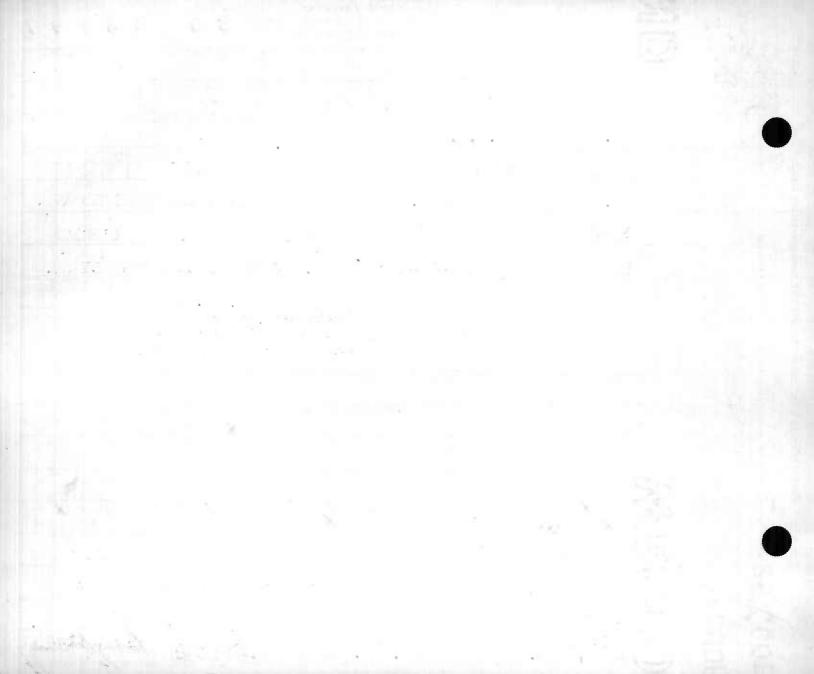


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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE



HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

FOR

(VRA 15, 4) 1/79

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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□ 0 0 ½ 0		IE CAUSE OF DEATH					0002/1	31170	7.01	7000	APPRO	OXIMATE INTEL	EVAL
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TO HOSPITAL CATTENDING retained by the hospital or or or Or FUNERAL DIRECTOR: After should be detached for use os with the Stote Dept. of Health IMPORTANT: If Item 21 is morth		22a I certify that (IK(th saw the deceased a above, XI) (we) (did) 22b. SIGNATURE 22d. PHYSICIAN'S NAME	MixnXi)	wiew the body to	deceosed from, free deoth. 19	m	d that in (My) (our) op DEGREE ATTEND PHYSICI 22e ADDRESS	ING		STAFF	ur and from th	that XI (not XI) (not courses state to signed of the courses state of the courses state of the courses state of the courses state of the course of the cours	,
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 RELEASED BY MEDICAL EXAMINER. ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of the administration of completely filled in by the this certificate has been signed by the ottending physician and completely filled in by as the buriof-itransis permit Then please remove corban papers. Pages 1 and 2 should be fill than Amenial Hygiene prior to buriol, ceremation, or removal.	35	13e. ST.	RESIDENCE (IF NURSING HOME	ON OTHER INSTITUTION, GIVE RESIDENCE B	EFORE ADMISSION 134. INSIDE CITY LIMITS?	13e. STREET ADDRESS 430 N. M.	4
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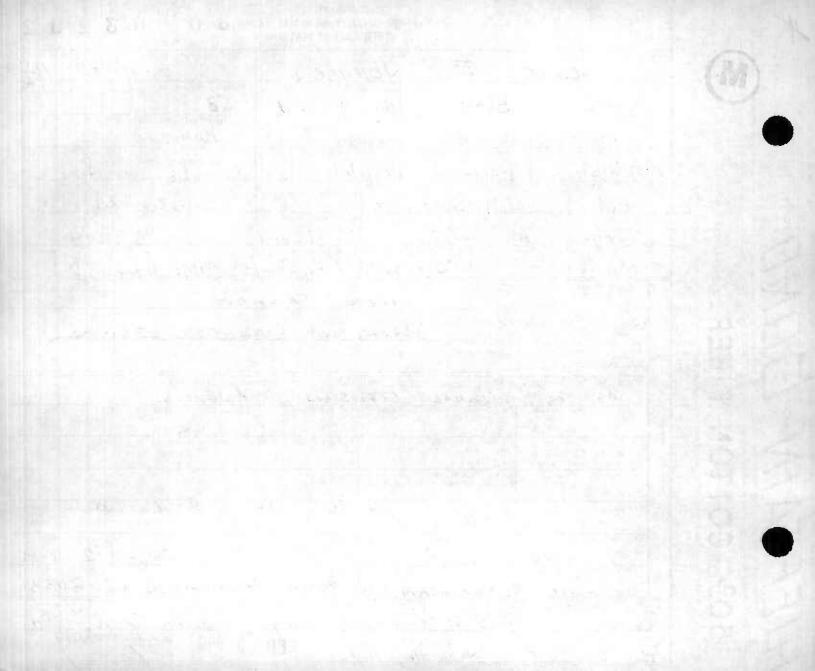
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 26. DATE OF DEATH MONTH 10 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR DAYS MON1HS BALTIMORE CITY OR COUNTY OF DEATH 120 USUAL OCCUPATION 12b KIND OF BUSINESS OR (TYPE-QF WORK FOR MOST OF WORKING LIFE) INDUSTRY. 13e STREET ADDRESS ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CIRRHOSIS OF LIVE ANEMIA 20b. IF YES, WERE FINDINGS USED 70n AUTOPSY IN CERTIFYING CAUSES OF DEATH? NO NO [YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE , and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN | DIRECTOR | PHYSICIAN BEGH - PANDAKS TOWN 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION

BP. DHMH - 16 50M 1/76 (VR A 15 (4))

24. FUNERAL DIRECTOR

NAME



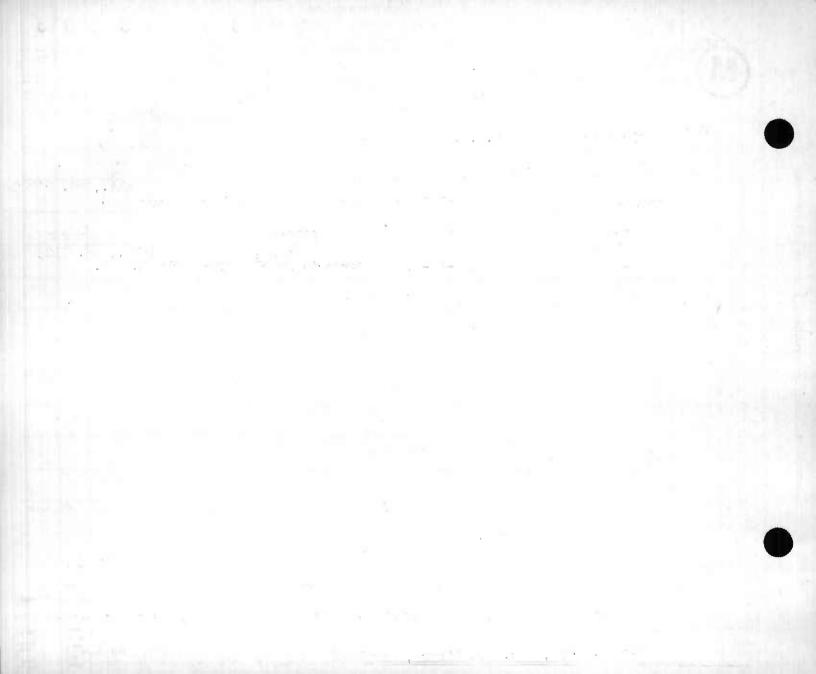
Baltimore, Maryland

STATE OF MARYLAND

FOR

Leonard J. Ruck. Inc.

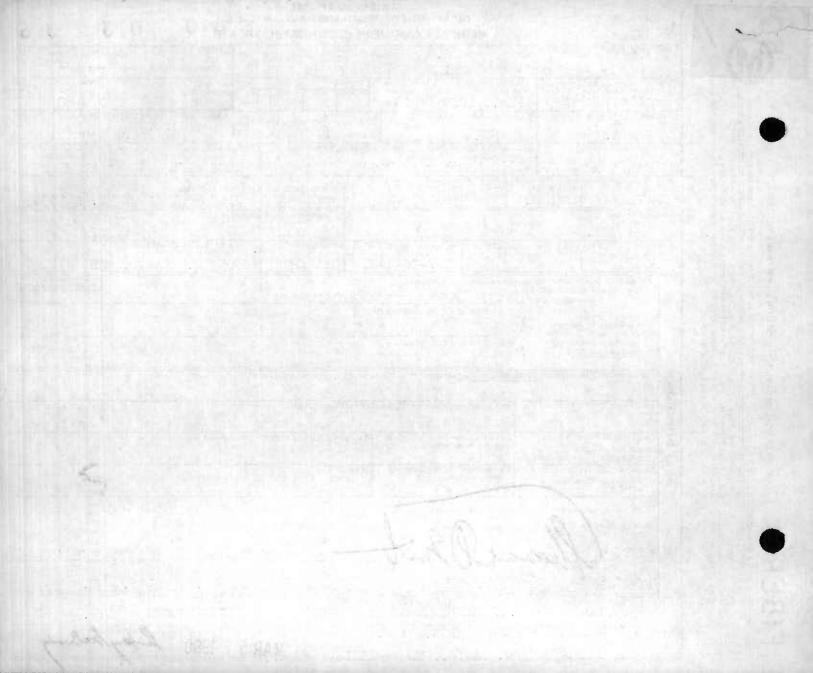
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1	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 OREG. NO.								3 2 0 4		
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1 - 2 2 5	23a.	BURIAL, CREMATION,		23b. DATE			EMETERY OR CREMATOR	Y 23d LOCA	TION Rout	te clunty	STATE		
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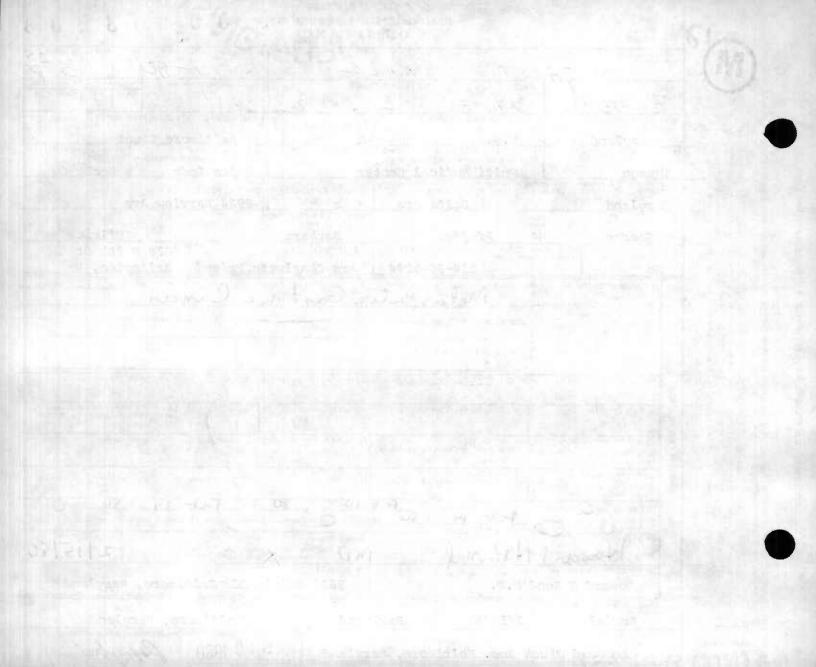
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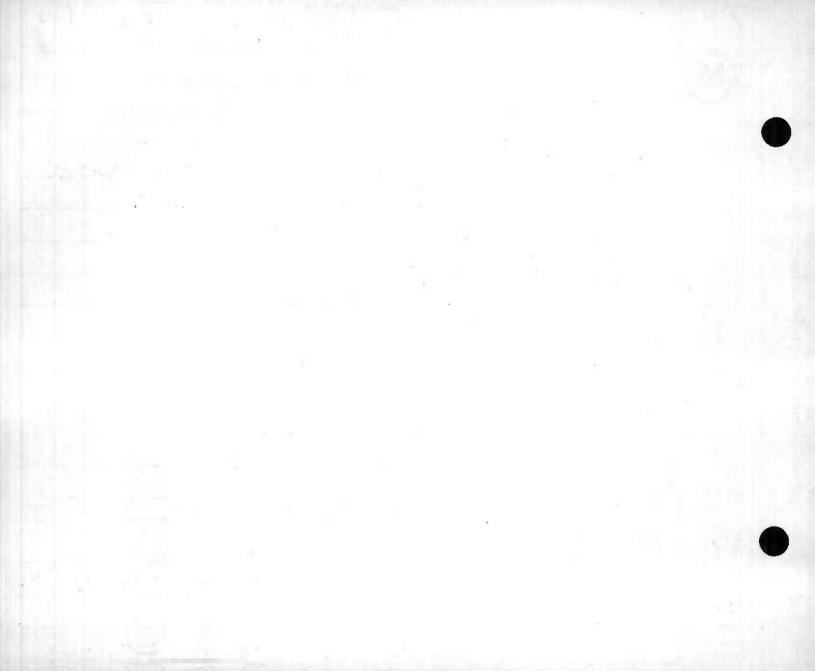
	FOR '		STATE OF MARYLAND	ourur 13 /3 /3 /3 /3 /3 /3
_	- STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.
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Page 4 m. rector, p. urs afte u. once.	3. SEX Female	4 RACE White	5. DATE OF BIRTH MONTH OAY YEAR 12 3 03	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HI MONTHS DAYS HOURS MIN
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npletely nd 2 sho	14. FATHER'S NAME FIRST James	MDDLE LAST E Kane	15 MOTHER'S MAIDEN NA FIRST Susann	MIDDLE Dougherty
certificate be execting physician and conduction papers. Pages 1 and removal.	168 WAS DECEASED EVER IN U.S.	OVE WAR OR DATES)	ecurity no. 17 informant 9855 John Prenger	ADDRESS 3951 Wilsby Ave
aw requires that the een signed by the att Then please remove or to burial, cremati, any injury, or other		DUE TO, OR AS A CONSECUTION OF THE TOTAL OF		MINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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HOSPITAL OF ATTENDINATION of the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital of hospital or h	saw the deceased alive	not) view the body-ofter, death.	9 80, and that in (my) (our) opinion DEGREE ATTENDING	death occurred on the date and hour and from the couses stated MEDICAL STAFF DIRECTOR PHYSICIAN
PBP TO H	[230 BURIAL, CREMATION, REMOV. (SPECIFY) Burial	AL 236 DATE 2/ 6/1980	36 NAME OF CEMETERY OR CREMATORY New Cathedral Ceme	134 LOCATION COUNTY Md STATE
DHMH-16 25M (VRA 15, 4) 1/79	74 FUNERAL DIRECTOR NAME Mitchell-Wiedefe	eld Home 6500 Yo	ork Rd. FEB	TE REC'D. BY REGISTRAR 256 REGISTRAR'S SENATURE

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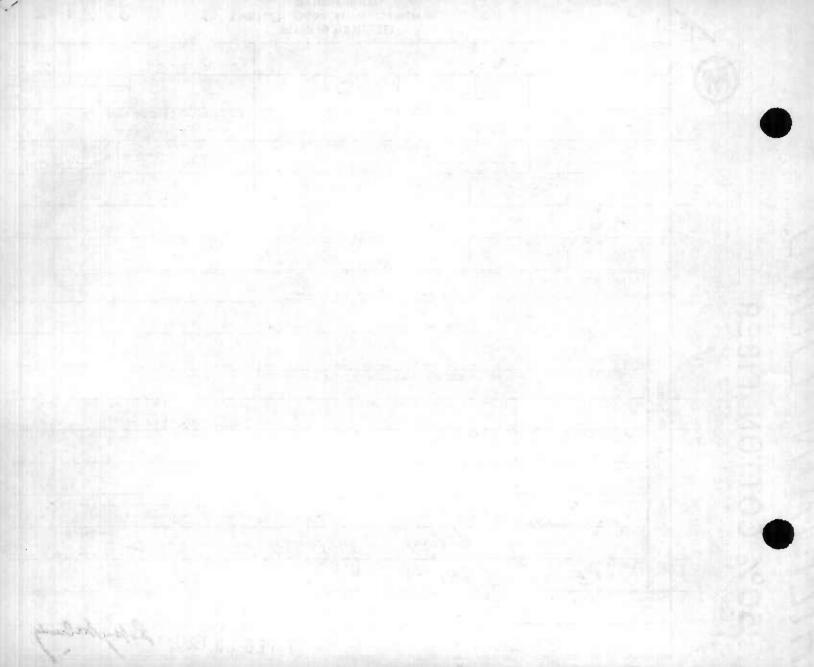
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IT W. PRESTON ST TED WITHIN 24 HC PENCIL IN ITEM XAMINER ALONG MAINTRAINER MENTAL HYGIENE REMOVAL.	APPROXIMATE INTERV. PART I DEATH (Enter only one couse per line for (a) (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Oue TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-lying couse lost. (c) APPROXIMATE INTERV. BETWEEN ONSE AND DE COULE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF	ATH
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TO MEDICAL EXAMINER: THI EXECUTE THE CERTIFICATE, W PAGE 4 SHOULD BE FORWA FIRE DEATH, WITH THE STAT BALTIMORE, MARYLAND, 2120	22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my apinian death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner , ACTUAL SIGNATURE	
MEDIC CCUTE GE 4 S FUNE LTM OR	EXAMINERS NAME & OGHIN C. 144/e ADDRESS 7527 Belwi Rel Balli 2123 6 Del	
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DHMH - 17 (VR A15 ME(5)) 15M7/77	24. FUNERAL DIRECTOR John C. Miller Inc-6415 Relair Rd21206 250. DATE REC'D. BY REGISTRAR'S SIGNATURE FEB 2 1980 FEB 2 1980	

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	_		ng the <u>under</u> t.	(c)		NAL DISEASE OR CONDITION GIVE				20. A	AUTOPS'
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME MIDDLE 2n. DATE OF DEATH (TYPE OR PRINT) SHIRLEY 3. SEX & AGE (IN YEARS LAST BIRTHDAY) Dec. 25,1911 YEAR HOURS Female White 68 70 BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Maryland USA WIDOWED DIVORCED [Baltimore County II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Randallstown Baltimore County General Hosp. Homemaker JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Maryland 19619 Candlewick Rd. Baltimore Stevenson YES | 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST Charles Herbert Lamar Elsie Spott 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 212-01-4733B Mr. Donald A. King Same APPROXIMATE INTERVAL 18 CAUSE OF DEATH 'Enter only one couse per line for (o), (b), and (c)
PART I. DEATH WAS CAUSED BY: n'nary bladde Care noma with AS A CONSEQUENCE OF Well hiple wetastasis years PRESTON ST. Conditions, if ony, which gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [Hygir 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STATE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c, DATE SIGNED ATTENDING PHYSICIAN | DIRECTOR PHYSICIAN ? MPORTANT 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Cremation Catonsville, Balto. Westview Mem. 24 FUNERAL DIRECTOR 6500 York Rd. DHMH - 16 50M 1/76 ADDRESS (VR A 15 (4)) Balto., Md. Mitchell-Wiedefeld Home, Inc.

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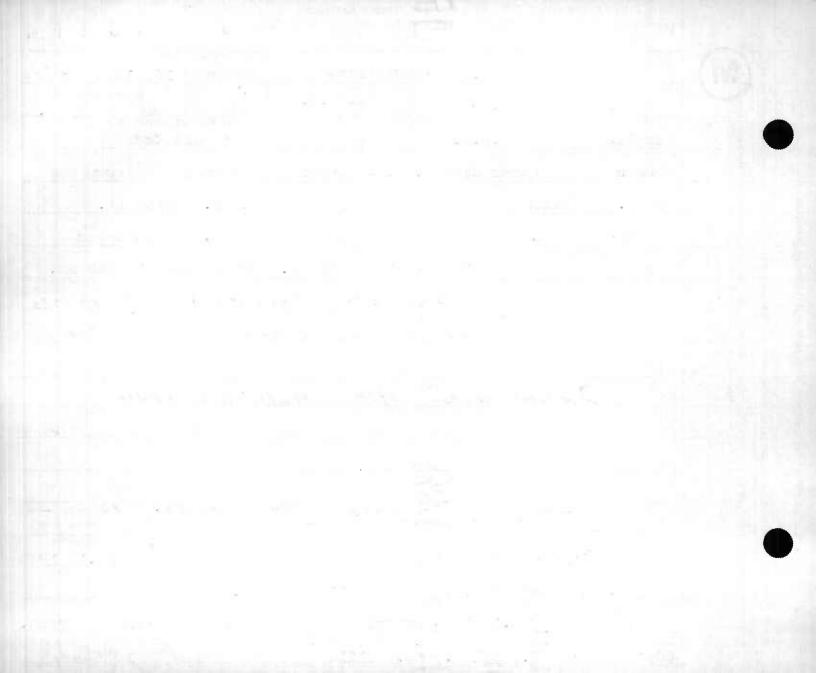
6009 Harford Rd., Balto., Md. 21214

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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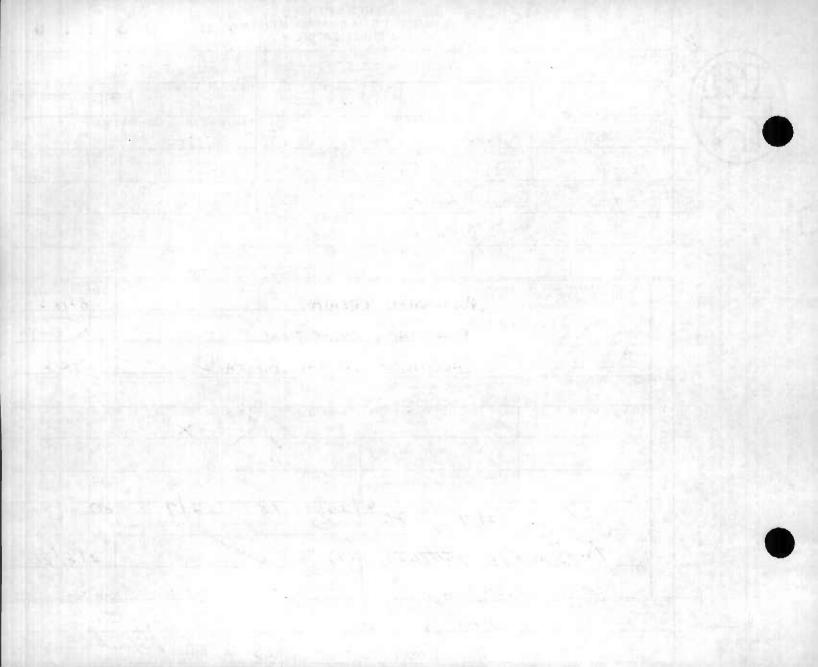
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1 10, 11	BALTE BALTE	23a.B	urial, Cremation		2/5/80	23c. NAME OF C		Cemetery	Baltimore Md.	OUNTY STATE
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO L DECEASED NAME 2n DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) Joseph Bernard Koffenberger February 7, 1980 3 SEX 4. RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS Male White May 12, 1895 To. BIRTHPLACE ISTATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maruland U.S.A. Baltimore County WIDOWED [DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Valley View Nursing Home Towson Retired Printer BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Maryland Baltimore Parkville 9809 Hilltop Dr YES [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE August Koffenberger Agnes Brogan 16h SOCIAL SECURITY NO 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-07-0920 Mrs Katherine Bittner Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PULMENAFU EDEMA IMMEDIATE CAUSE (o). ŏ DUE TO, OR AS A CONSEQUENCE OF MOFET Conditions, if ony, which ULMANARU gove rise to immediate couse 101, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last CARCINAMA OF THE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 CERTIFICATION 0 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NODE NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR the burial-tre OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M Ь 71d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) Ohis haspital) attended the deceased from sow the deceased alive of and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove. (I) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL old be deta the State [PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Richard W Bittrick M.D. FO F 8100 Harford Rd Baltimore, Maruland 23g. BURIAL CREMATION, REMOVAL 23h DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Baltimore, Maryland Burial 2/9/80 Moreland Mem 250. DATE REC'D. BY REGISTRAR 250. BEISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 FFB (VR A 15 (4)) Leonard J Ruck Inc. Baltimore, Maryland



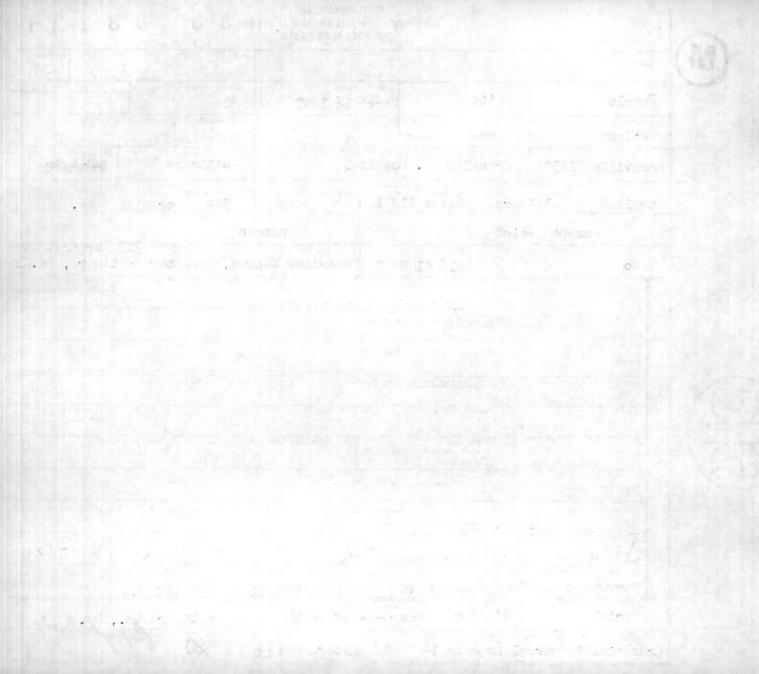
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ouo ced c	ME	WHILE NOT WH	ILE			OFFICE, FARM, ETC.)	STREET		CITY OR TOW	/N	COUNTY	STATE
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, , ≤	23a.	BURIAL, CREMATION, F	REMOVAL	236. DATE	4	23c. NAME OF	CEMETERY OR CREMATO	RY 23d. LC	OCATION ITY OR TOWN		COUNTY	STATE
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	30	14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Unknown MICOLE							ĮA!		
1	1	16a W	(AS DECEASED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	216 01 8		17. INFORMANT Genevieve Cla	arke, Daught			e, Md.21
s ony injury, or other from	2	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse 101, storing the underlying couse lost PART 2. OTHER SIGNIFICAN 190 DATE OF OPERATION	DUE TO, C (c) NT CONDITIONS C		DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YE	ES, WERE FINDI	NGS USED 5 OF DEATH?
	9		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	OF INJURY A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU		PART 1 OR PART 2)	но 🗍
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			22a. I certify that II (this has sow the deceased alive obove of (we) (did) and 22b. SIGNATURE 22b. PHYSICIAN'S NAME (TY THOMAS G	PE OR PRINT)	hickon	x 25	DEGREE ATTENDING PHYSICIAN [22e ADDRESS 9000 Frank1	MEDICAL STA DIRECTOR PHYSIC	ŏte ond ha	22c. DATE	SIGNED



DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME KNOWN Zb. HOUR (TYPE OR PRINT) OF ESTI-(nmn) ICHAEL DEATH MATED 3. SEX 4. RACE DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS. 2d. HOUR DATE MONTH LAST BIRTHOAY PRONOUNCED 0050 Sept. 21, 14 65 YRS DEAD Male White TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X KNEVER MARRIED FOREIGN COUNTRY! U.S. WIDOWED [DIVORCED Baltimore County Maryland ID CITY OR TOWN OF DEATH LAY IS O THE P 1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. KIND OF BUSINESS OR INDUSTRY Cab Driver Dundalk BE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136. COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? BALTIMORE, MD. 21201 Baltimore Dundalk 2967 Cornwall Rd., 21222 Maryland NO TE YES [SES 1 AND 2 SI 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Helen Walter Lachajczyk Crane 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT **ADDRESS** (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR CIATES) 219-16-4356 Yes WW Alice V. Lachajczyk same as line CAUSE OF DEATH (Enter only one cause persing for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY metatases IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE Canditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION, PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION USED 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? VARDED TO THE CHIES AGE 3 SHOULD BE USE TATE DEPARTMENT OF 1 201 PRIOR TO BURIAL, C YES 🗌 710. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 218 PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED II. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN COUNTY STATE 22a. I certify that I took charge of the remains described above, held an Autopsy ond in my apinion MARYLAND, death resulted from: Natural causes Accident Suicide Homicide Undetermined monner LITLE (SPECIFY) EXECUTE THE C EXECUTE THE C PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, V BALTIMORE, MA DATE SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NAME (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LÓCATION 2/9/80 Sacred Heart of Mary Baltimore Burial
24. FUNERAL DIRECTOR 250. DATE REC'D, BY REGISTRAR **DHMH-17** Baltimore, Maryland Duda-Ruck, (VR A15 ME (5)) Inc., 15M7/77

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Balto. Md.

W. Jenkins & Sons Co.

FOR

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DHMH - 16 50M 1/76 (VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

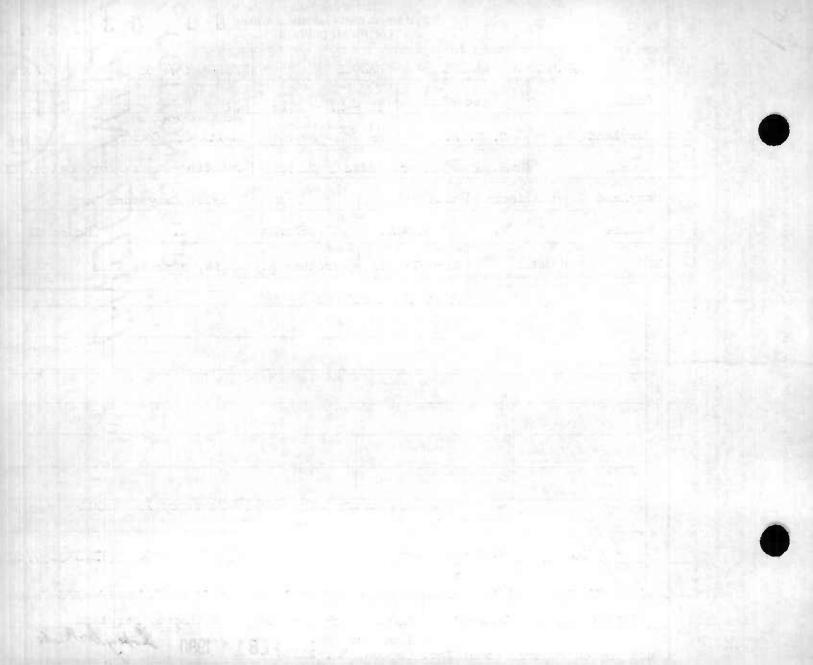
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CERTIFICATE OF DEATH

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 FINDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours toll or otherding physician. OR. After this certificate has been signed by the attending physician and completely filled in by ar use as the burial-transit permit. Then please remayer carbon papers. Pages 1 and 2 should be filled the only mental hygiene prior to burial, cermotion, or removal. Health and Mental Hygiene prior to burial, cermotion, or removal.	MEDICAL	21d. INJURY OCCURE WHILE NOT WE AT WORK AT WO		21e PLACE (AT HOME, ST	OF INJURY FREET, FACTORY, OFFICE	, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
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DHMH - 16 50M 1/76	24. F	UNERAL DIRECTOR			ADDRESS]	L050 Y	ork Rd. 21204FE	B 1 1 1980	Both	y Med	X LEWIS
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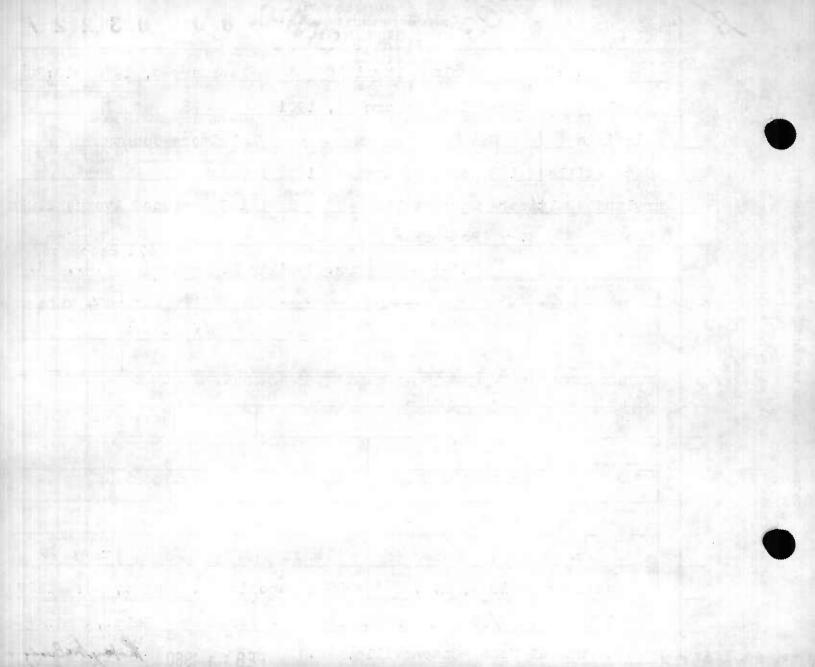


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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20. DATE OF DEATH MONTH 1. DECEASED NAME TYPE OR PRINTI Cecilia Angela Lavfield 1980 February 6 10:30M 4 RACE AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR F UNDER 24 HRS 5. DATE OF BIRTH MONTH AONTHS DAYS HOURS Caucasian 1901 Female March 78 BALTIMORE CITY OR COUNTY OF DEATH L CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED Virginia Baltimore County WIDOWED DIVORCED [12ª USUAL OCCUPATION IL CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 124 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Catonsville Rosewood Avenue 21228 Teacher USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSIONI 136 COUNTY 134. INSIDE CITY LIMITS? 13e STREET ADDRESS Ral timore 123 Catonsville Rosewood Avenue 21228 Maryland NO X 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE John S. Bonebrake Snyder Mav Beechwood Rd 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Cecilia L. Squiggins E.C., Md. No Mrs. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To CERTIFICATION 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? 19a DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO [NOF YES [21a. ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) MONTH DAY HOUR A.M. YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased fram. saw the deceased alive an. and that in (my) (aur) opinian death occurred on the date and hour and fram the causes stated obove. (It (we) (did (did not) view the body after death 22c DATE SIGNED DEGREE 225 SIGNATURE .80 ATTENDING PHYSICIAN DIRECTOR PHYSICIAN THE PHYSICIAN'S NAME THE OF PRINTS 22e ADDRESS Justinas Kudirka, M.D. 3927 Annapolis Rd. Balt., Md. 21227 23d LOCATION 23a BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 236. DATE Burial STATE 2/9/80 Lorraine Park Woodlawn Balt.. Md. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH-16 25M** MacNabb Funeral Home Catonsville, Md. (VRA 15, 4) 1/79



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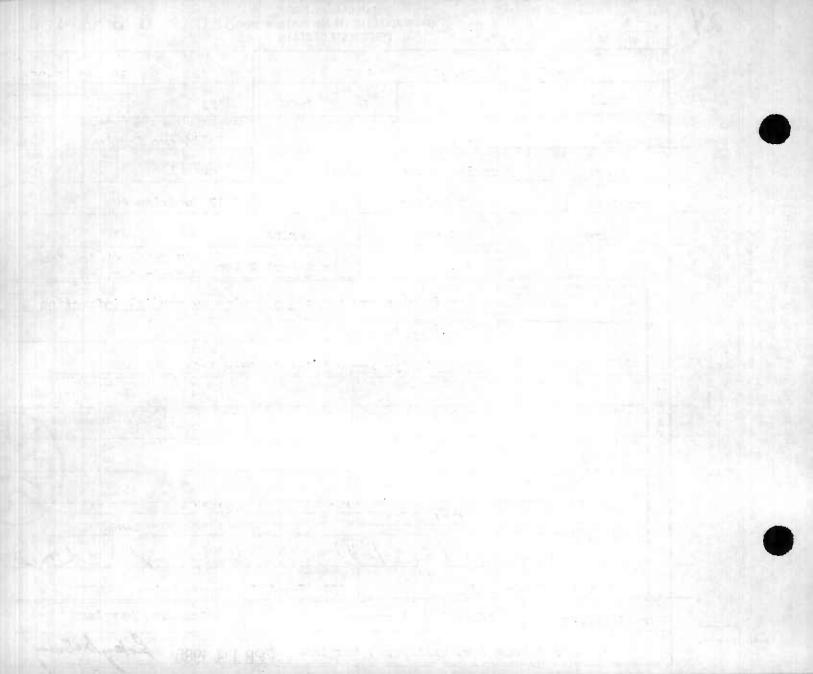
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	AND 21201	
PITAL OR ATTENDING PHYSICIAN The low requires that the death certificate be executed within 24 hours after death. Page 4 may by the haspital or attending physician.	in 24 hours after deat	h. Poge 4 moy
ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pos	y filled in by the funer	of director, poo

	- STATE REGISTRAR		MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.
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3. 5	SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF
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70.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
20 1	Maryland	U.S.A.	WIDOWED DIVORCED	Baltimore County
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0/	Essex	Franklin Squar		(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOUSEWIFE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE KNOWN 7h HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED BEORGE AdISONI 5. DATE OF BIRTH 6. AGE (IN YEARS 4. RACE IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY RONOUNCED 1500 DEAD 16 9. BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) ROCKET, DIVORCED WIDOWED S O CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION AMICO CROAD EANME FARM RET 130 STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 20435 Slab Bridge Road Maryland Baltimore NO X Freeland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Umbarger Leedv Sarah Josiah 17. INFORMANT In WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Slab Bridge Rd (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) DIVISIO Yes WWI 218-12-8429 James Freeland. Md. Leedv APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? F CAWARDED TO THE CITIES TO RESEARCH PAGE 3 SHOULD BE USE THE STATE DEPARTMENT OF HAND 21201 PRIOR TO BURIAL, C YES [] 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME, 211. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC. WHILE AT WORK PAGE 4 SHOULD ST. TO FUNERAL DIRECTOR: P. TO FUNERAL WITH THE ST AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21: 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection ond in my apinion 21053 Accident X Homicide Undetermined monner death resulted fram: Notural causes TITLE (SPECIFY) SIGNATURE Buria 2-5-1980 Memorial DHMH - 17 (VR A15 ME (5)) New Freedom, Pa 15M 7/76

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REGISTRAR

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Anatomy Board

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

2b. HOUR

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Stevens

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COUNTY

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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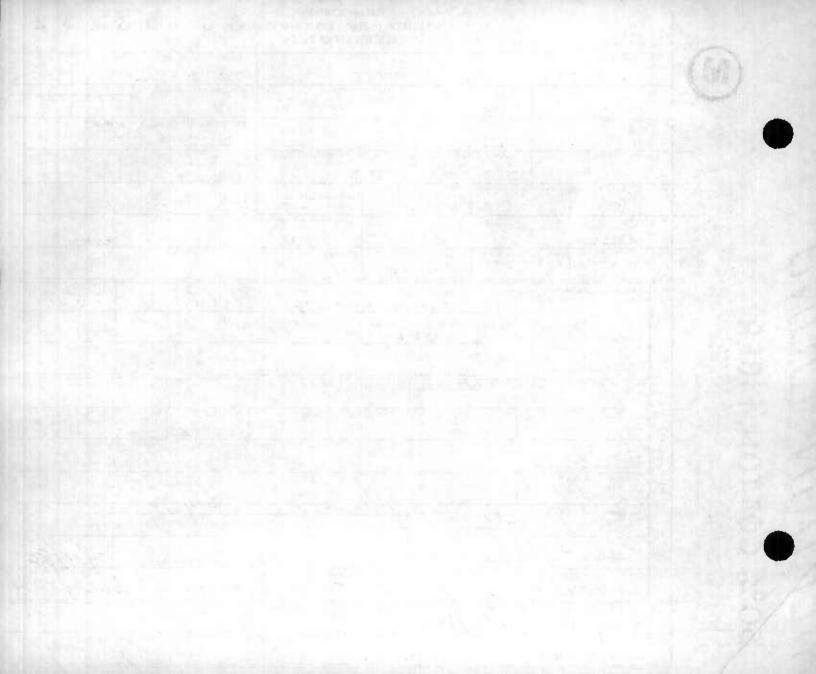
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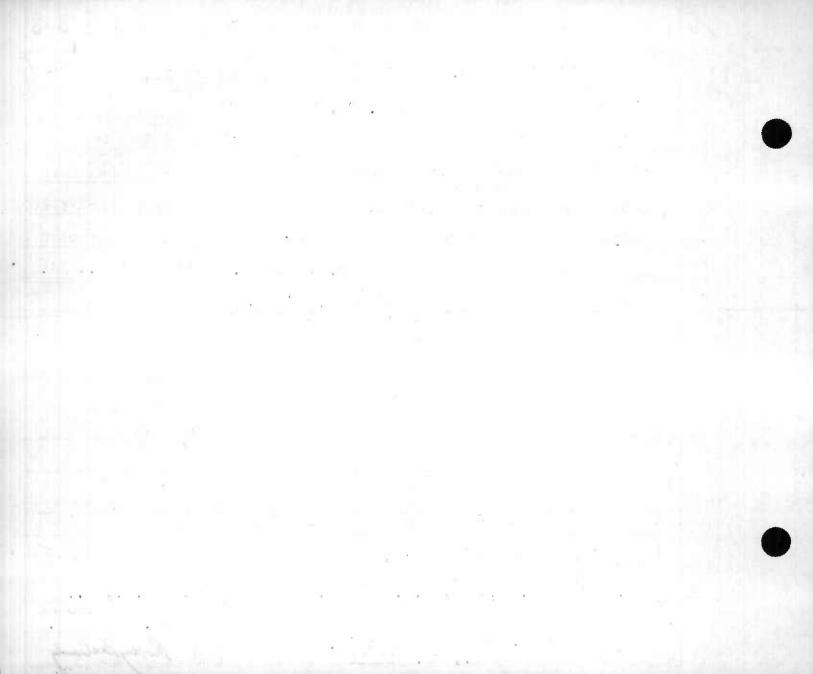
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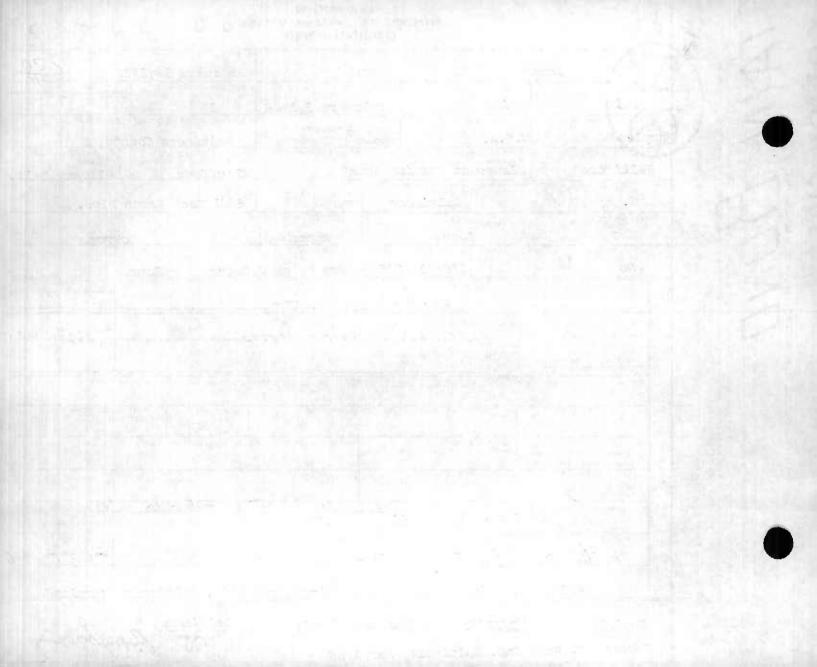


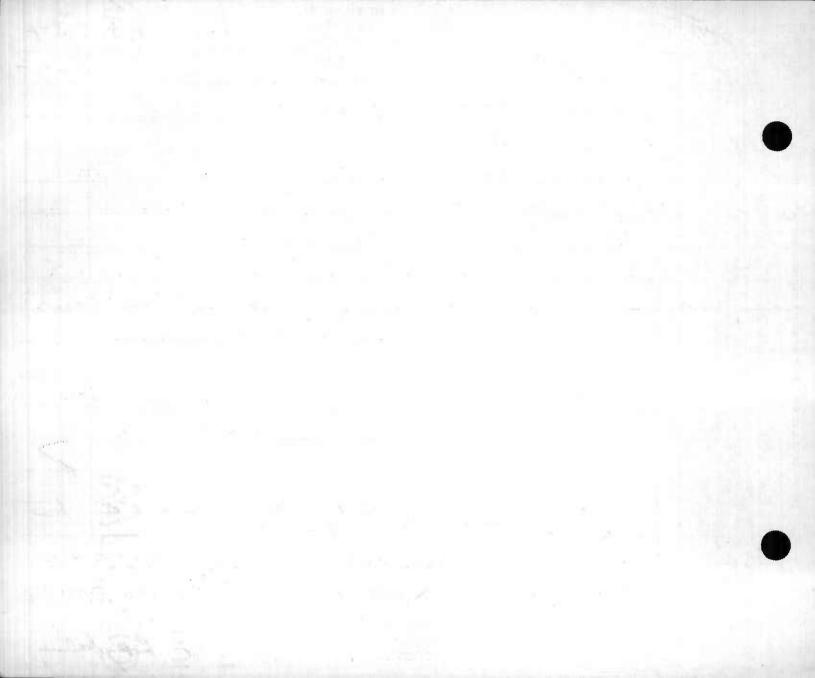
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			OR DEPARTMENT OF HEALTH AND MENTAL HYGIENE (1) 3	2 3 5
	M	1	EGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
24			EASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MONTH OF ESTI- DEATH MATED 2	7 19 80 Zb. HOUR
N, PLEA	M	fe	4. RACE S. DATE OF BIRTH LAST BIRTHDAY ANONTHS DAYS HOURS MIN. PRONOUNCED DEAD 2	7 1980 D. M
CESSA	を見れてい	7a. B16	THPLACE (STATE OR TE CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTRY WIDOWED DIVORCED Baltimore Country B	
AY IS	PAGE 5			126 KIND OF BUSINESS OR INDUSTRY
21201 IF ANY DELAY 2, AND 3 TO T	= 0 %	USUA 13a. S1	RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE (ITY LIMITS? 13e. STREET ADDRESS) 1 D	1.
MD.	AND 2 SH	14. FA	THER'S NAME FIRST ANDLE LAST TERMS MIDDLE Ship	LAST LAST
BALTIMORE.	WITH FORM T. PAGES 1 AN		AS DECEASED EVER IN U. S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (NO, OR UNKNOWN) (IF YES, GIVE WAR ORD ATES)	DAME
ST., BALT HOURS A	S WITH MT. PAC E, DIVIS		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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M. F. N.	AL EXAMINER A BURIAL-TRANSIT AND MENTAL HY(DN, OR REMOVAL		Conditions, if ony, which gove rise to immediate cause (a) stating the under-	
w 0 =			lying couse lost: (c)	
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ALRI IOULE D "PE	CHIEF E USED OF HE IAL, CRE	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?(HO) YESXX NO
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DIVISIO S CERTII RITING	RDED T	MEDICAL	21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) 21f. LOCATION 21f. LOCATION 21f. LOCATION 21f. COCTONN 21f. COCTONN 21f. LOCATION	DUNTY STATE
D ER: THIS ATE, WRI	FORWARI TOR: PAGE THE STATE NO. 21201		AT WORK AT WORK XX roadway McDonough & MeadowHgts, Randallst 220. I certify that I took charge of the remains described above, held an Autopy X, Inspection . Inquiry	
XAMINER	DIRECTOR: DIRECTOR: WITH THE SAARYLAND 2		deoth resulted from Accident XX Secondary Homicide Undetermined monner .	
ICAL EX	SHOUL ERAL DI EATH, V ORE, MAI		ACTUAL MEDICAL EXAMINER DATE SIGNIATURE SIGNI	
O MED	PAGE 4 SHOU TO FUNERAL IC AFTER DEATH, BALTIMORE, MA	23c Pl	EXAMINER'S NAME (TYPE OR PRINT) Hormez R. Guard, M.D. ADDRESS 111 Penn Street, Balto., MD (TYPE OR PRINT) 236, NAME OF CEMETERY OR CREMATORY 236, LOCATION	
40288	a. ⊨ < 00	I	SURIAL 2/13/80 King MEM. DK. BAHO. Ma	ATE STATE
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R CONDITION GIVEN IN PART 1(a)
Y? 206. IF YES, WERE FINDINGS USED
IN CERTIFYING CAUSES OF DEATH?
O YES NO D
TY OR TOWN COUNTY STATE
FB 18, 19,30, that (I) (we) lost
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22c. DATE SIGNED
STAFF PHYSICIAN [] FEB 19, 1980
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Deltalara Managara
Baltimore, Maryland
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STRAN ISS RES TRANSSICIONS
Traffry Metrody
RESERVE OF STREET





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hours after deam Page 4 may be 3 in by the funeral direction be filed within 72 hours the notified of once.		CEASED NAME	FIRST		MIDDLE	L	AST	IR DATE OF DEATH MONTH DAY YEAR 18. HOUR				
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		X	(RACE		5. DATE C		& AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	
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30		George		1.	Lowman		Mary	Jan	e	Dors		
1		VAS DECEASED EVER		NED FORCES?	166 SOCIAL SE	URITY NO.	17 INFORMANT	A	DDRESS			
		No			214-03-	5248	Madeline R.	Lowman,	Item 1			
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		Conditions, if any	which	((b)_								
other to		gove rise to im couse (a), stati underlying couse	ng the	DUE TO, O	R AS A CONSEO	UENCE OF				-		
injury, or other traumotic event, the	z	PART 2 OTHER SIG	NIFICANT CO	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR	CONDITION GIV	EN IN PART 10	01	
	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	00 AUTOPSY? 200. IF YES, WERE FINDIN IN CERTIFYING CAUSES			
\$ 7	I FI							YES NO	_	S T	NO	
or Hem 18 shows ony		21a. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEAT		OF INJURY M. MONTH M.	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE O	FINJURY IN ITEM 18,	PART I OR PART 2)		
,	MEDICAL	216 INJURY OCCUR	RED	21e PLACE	OF INJURY		211 LOCATION		an rown	COUNTY	44.45	
	¥	WHILE AT WORK AT WO	PHILE D	(AT HOME, ST	REET, FACTORY, OFFIC	E, FARM, ETC.)	2 INCCI	CITY	RTOWN	COUNTY	STATE	
MPORIANI: Riffer 21 is marked		220.1 certify that (I saw the decease above, (I) (we) (100	nd that in (my) (our) opinion	to	he date and hou		that (1)-(we) los	
E E		226. SIGNATURE	010) (810-1101)	-view the body	offer deoffi.		PEGREE			22c. DATE	SIGNED	
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Ζ		224 PHYSICIAN'S N	AME (TYPE OR	PRINT)		LOCI	22e ADDRESS	15 0	, (7.	10	
5 /		E.PW	11/1	m.So	NI		535 V BA	10-W	27 2 1	KEZ	12-28	
1	23o. B	BURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATORY	236. LOCATION		COUNTY	STATE	
		Burial		Feb.26	,1980	Pros	pect	Mt.Ai	ry, Fre	derick.	Md.	
OM.	24. Ft	NAME Olin I	Wal.		D ADDRESS	362	2 PA	3 20 784988	RAR 25b REGIS	RAR'S GN	URE	
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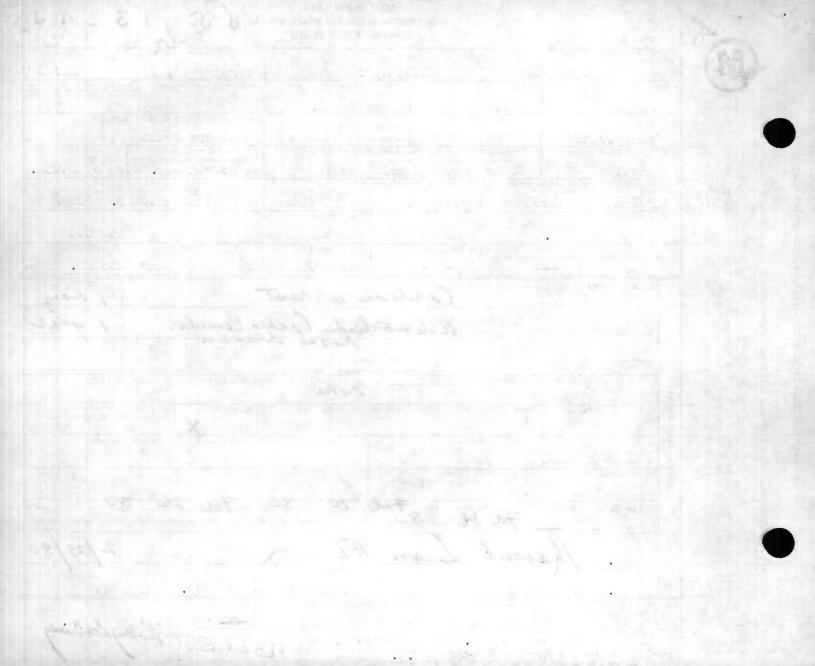
Loring Byers Funeral Directors, P.A. 21133

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

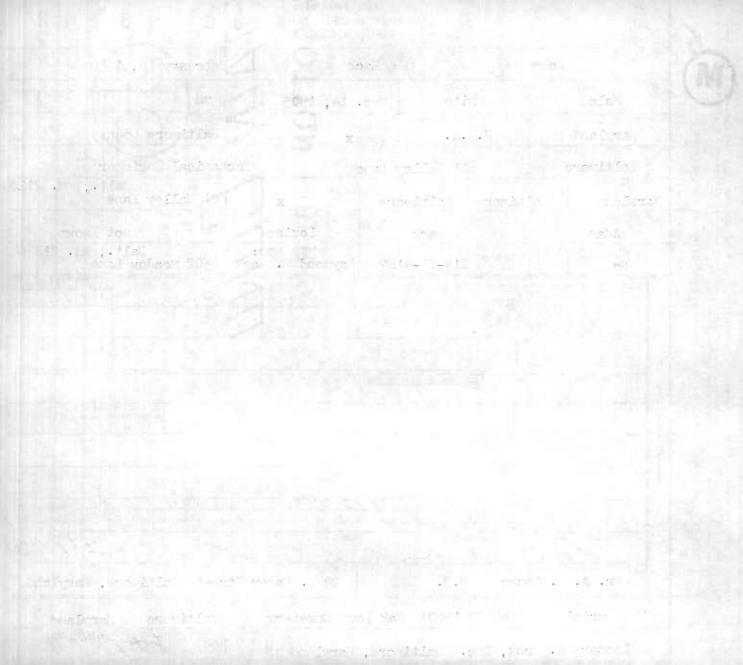
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	B GIVENORE, MD. 21201 URS AFTER DEATH. IF ANY DELAY IS NEW WITH FORM PM. 3. RETAIN PAGE 5. T. PAGES 1 AND 2 SHOULD BE FILED. VINISION OF AUTAL RECORDS, 301 W.	J 1	AM 25 VAS DECEASED EVER IN U.S. ARM	MIDDLE MED FORCES?	LAST Lync 1166. SOCIAL	H SECURITY NO.	15. MOTHER'S MAIDE	MIDDLE	DDRESS	DAVIS
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3	A SE		22e I certify that I taak charge	of the remains described	Accident	eld an Auto , Suicide &		Undetermined manner	DATE	2-8-80
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49.	22 BP	B	URIAL, CREMATION, REMOVAL 23 PECHY) JRIAL UNERAL DIRECTOR NAME	DATE 1-1980	0		25a. DATE		BALTO	· MARYLAND
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6	1	FOR - STATE REGISTRAR	DE	PARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENES ()	0 3 2	4 2
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of once.	70	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COU	MARRII WIDOW	ED NEVER MARRIED	Holtim.		
Ogetied		Baltimore	11. NAME OF HOSPITAL, I	TIEV Tan	P	12a USUAL OCCUPAT Type of Work for Most of Mechanical	or working life) INDUS Engineer	IND OF BUSINESS OR
S Sales be	131	UAL RESIDENCE (IF NURSING HOME 136 COI	or other institution, give residen UNITY 134 CITY Caltimore Bal	CE BEFORE ADMISSION OR TOWN timore	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	Balt. ley Lane	, Md. 2120
Syminer 3	14.	FATHER'S NAME FIRST Adam		ck	15 MOTHER'S MAIDEN NO. Louise	AME MIDDLE	Not K	nown
medical	160	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	DE WAR OD SATES	1 -4187	Raymond B. M.		Dall U .	Md. 21236
any injury, or other traumatic	ATION		DUE TO, OR AS A CON DUE TO, OR AS A CON T CONDITIONS CONTRIBUTION 196 CONDITION FOR	SEQUENCE OF		MINAL DISEASE OR CON	20h IF YES, WERE F	INDINGS USED
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ked ar Item 1	MEDICAL	Charles of Man State and Charles and The Control of	White the commence of the comm	TH DAY YEAR 19 OFFICE, FARM, (1C.)	211 LOCATION STREET	City on 104	WW COUNT	y state
MPORTANT: If Hem 21 is man			not view the body offer with	Oa	ATTENDING PHYSICIAN	MEDICAL STALL PHYSIC PR Street B	FF IAN	PATE IGNED /80
≥	23	Burial, CREMATION, REMOVA	Feb 19 1980		cemetery or crematory awn Cemetery	Baltim		yland
76	24	FUNERAL DIRECTOR Leonard J.]	Ruck, Inc. Ba	RESS Itimore	Maryland EB	1 9 1980	25h ETGISIRAR'S	Bushy



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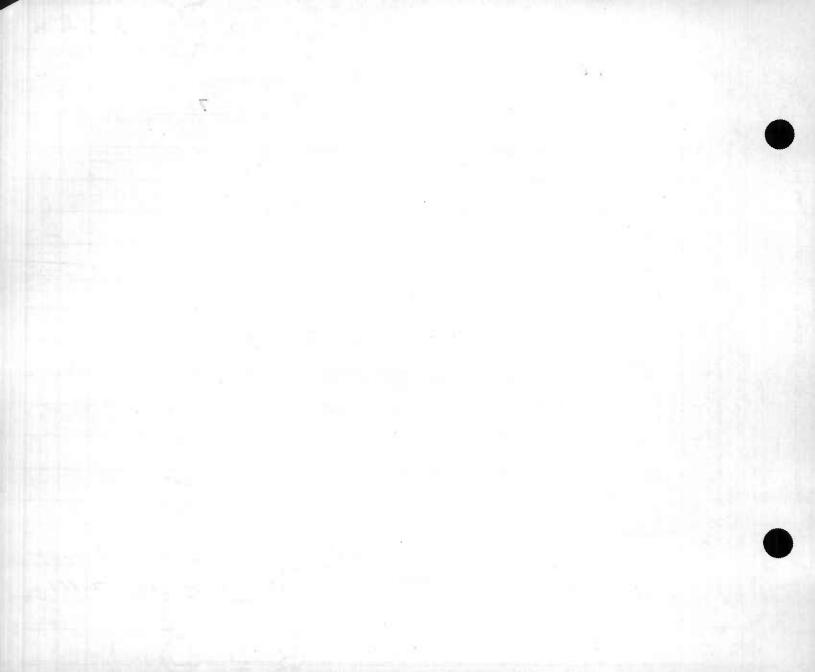
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE R

CERTIFICATE OF DEATH

REG NO

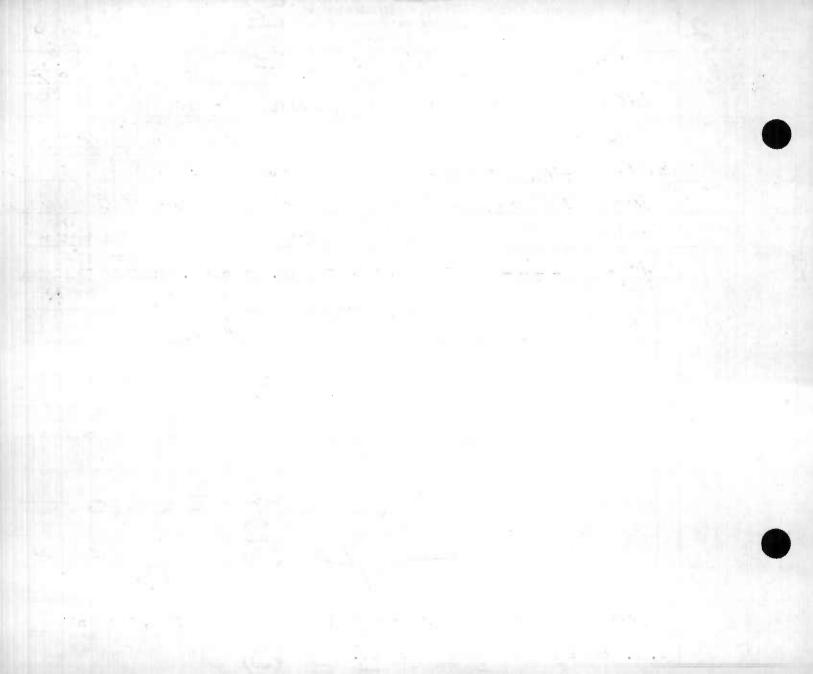
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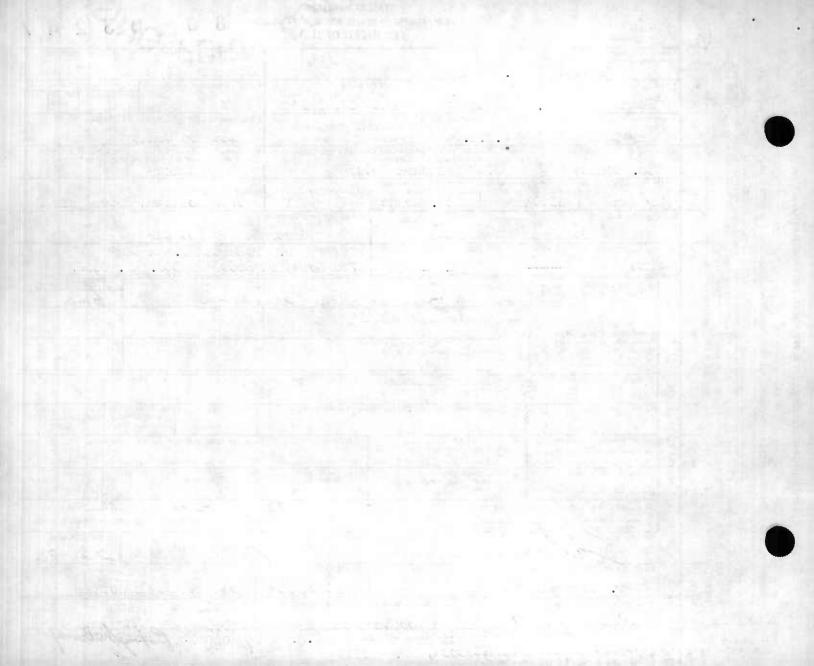
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the fur within	10 C	TY OR TOWN OF DEA	TH	11. NAME OF	HOSPITAL, NU	RSING HOME C	R OTHER INS	TITUTION	12a USUAL OCCUPAT		126. KIND O	F BUSINESS OR
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ygie ygie	ERTI	21g. ACCIDENT WAS UND	ERLYING [21b. TIME O	E INTITION		121. HOW/IN	THIRT OCCUPA	YES NO X	YES [NO 🗆
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pa =		116 SIGHEATURE	2	aview the budy	diter death.	1.	EGREE				22c. DATE	SIGNED
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E wish	23e B	URIAL, CREMATION,	REMOVAL	23b. DATE	12	3c NAME OF C			234 LOCATION		16.1954	
		Burial		2/27/	80	Bel A	ir Mer	morial	Bel Air	, Harf	ord.N	Maryland
IMH-16 25M	24 FL	NERAL DIRECTOR	uda-	Ruck,	Inc		-	25e DATE	REC'D. BY REGISTRAR	256 REGISTAR	SIGNA	IRE C.
A 15, 4) 1/79		922 Wise					21222	F	EB 2 8 198) July	7//	-000

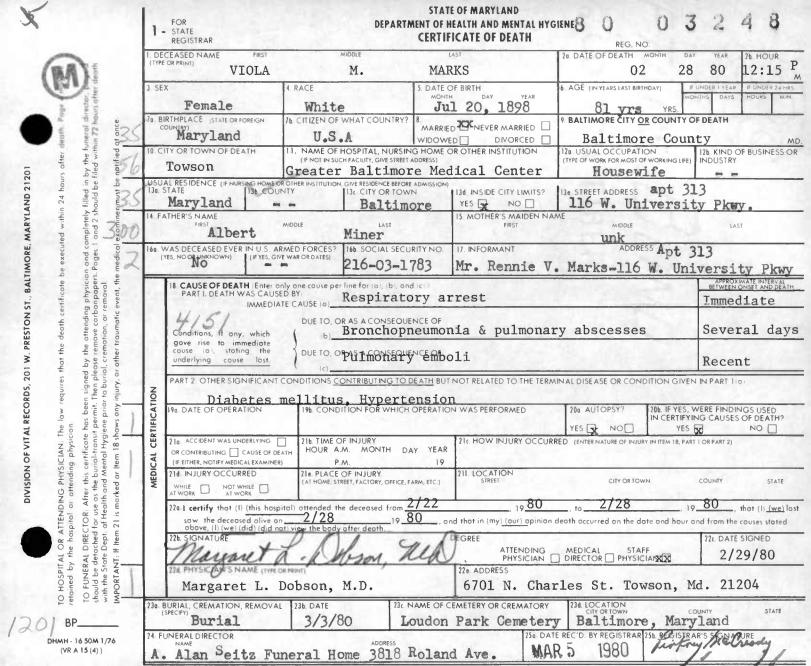


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Page 4 may director and ours of the	3 SE	* Male	caucas		- 9 - 1886	AGE (IN YEARS LAST BIR	S' YRS. MONTHS DAY	
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by the func by the func filed within	10.0	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IENOT IN SOCH FACILITY, GI	IVE STREET ADDRESS)	NURSINGLE	128 USUAL OCCUPAT ITYPE OF WORK FOR MOST OF	F WORKING LIFE) JMDUSTR	OF BUSINESS OF
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g physicite onpoper emovol.		PART I. DEATH WAS CAUSE IMMEDIAT	nly one couse per line for (o) ED BY: TE CAUSE (o)), (b), and (c).)	rapirator	faile	APPRO BETWEE	DXIMATE INTERVAL N ONSET AND DEATH
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the low ion. the low ion. those been in the prior in the prior ions only	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
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DING PHYS or ottendin After this of the os the bur olth and Me marked or h	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21R PLACE OF INJURY (AT HOME, STREET, FACTORY		211 LOCATION STREET	CITY OR TO	vn county	STATE
TTEN TTOR TO us of He		spw the deceased live on obove, (I) (we) (Bid) did no	ital) ottended the deceased	(D) (V)	d that in (my (aur) bolinion d	7. to Veleath occurred on the d	ote and hour and from th	, that (I) (we) lo
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BP		BURIAL, CREMATION, REMOVAL SPECIFY) Burial	236 DATE 21 FEB 80		METERY OR CREMATORY Cemetery		ille Maryla	The second second
DHMH-16 20M (VRA 15, 4) 7/7B		UNERAL DIRECTOR NAME LOWELL Let	mmon Padonia	& York Ro	all as	BO 1980	25b. REGISTRAR'S SIGN	a Cready



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	may pag er de		3 SE		4 RACE	2000 000	S DATE C		6. AGE (IN YEARS LAST BIRT		NOER I YEAR #	UNDER 24 HRS
	age 4 ector rs aft	nce.		Female	Who	ite	Jul		63	YRS. MONT	HS DAYS HO	DURS MIN.
-	Hours P	lato	70 BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN C	F WHAT COUNTRY?	8 MADDIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
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BALTIMORE, MARYLAND 2120	cuted with ampletely and 2 shar	acal exam		THER'S NAME FIRST Leonar	MIDDLE od	Feustle		15. MOTHER'S MAIDEN NAME FIRST Gertm	AE MIDDLE	ster	LAST	
ORE,	exec	med	Ión V	VAS DECEASED EVER IN U.S. A	RMED FORCES	7 166 SOCIAL SECU	RITY NO	17 INFORMANT Mr.	rederick DBE	ss Maples	3	
IIWC	e be an ar Page	th the		No		210-03-5	953	3730 Locheam	n Drive Bai	to. MD.		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAI	quires that the death certification of the attending physic please remove carbon papers harist comments.	njury, or other traumatic ever		PART 2 OTHER SIGNIFICANT	DUE TO, DUE TO, DUE TO, (b), (c)	OR AS A CONSEQUE	NCE OF	Semie Care		DITION GIVEN I	APPROXIMATI BETWEEN ONSE O Man	
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NOISION	DING PHY tending ph After this c the burial- b and Men	marked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLAC	E OF INJURY STREET, FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TOW	'N (COUNTY	STATE
	AL OR ATTENE the hospital or at AL DIRECTOR: tached for use as	If Item 21 is		22a.1 certify that (I) (this hosp saw the deceased alive a above, (I) (we) (did) (did n 22b SIGNA URA	n	1/23 19		d that in (my) (aur) apinian of	MEDICAL STAF	F		
	retained by the TO FUNERAL should be detaction the State	MPORTANT		22d. PHYSICIAN'S NAME (1996) Dr. Lawrence		non		22e ADDRESS	TOIRECTOR PHYSIC		lvenue	10
4032	BP	N.	t	urial, cremation, remova Burial	2/23/	180 W	2077	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	Max	u band	MATE
	DHMH-16 (VRA 15,		24 FU 872	INERAL DIRECTOR IDIT 8 Name iberty Road	Randa	S Funeral.	manor	tors, P. P. L. B.	2 1980	fisting	A BURNEY	4

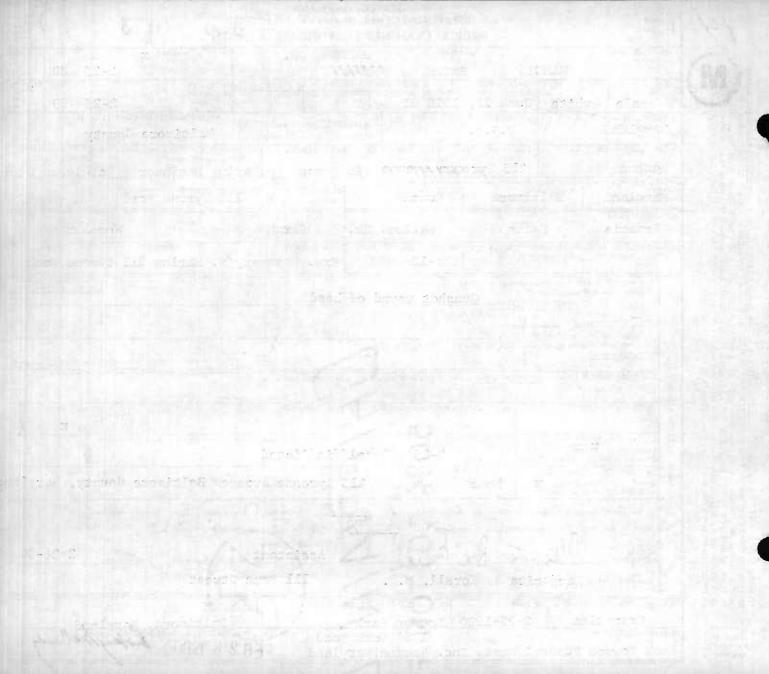




Jul 20, Tage Female ess des 116 4. ptersit Balting to the Balting of the Baltin 216-03-1733 Mr. Pennie V. Marka-116 W. University Fr Louden Fark Conters Enlithmer, Maryland

A. Alam Selts Sumerel Hose 3 10 Holand Ave. ... Mak in 1800

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MARLOW, JR. 20. DATE KNOWN TE MONTH 2b. HOUR (TYPE OR PRINT) ESTI-FRANCIS MARILOWEY SMITH DEATH MATED 2-25 19 80 4. RACE & AGE (IN YEARS | IF UNDER 1 YR. SEX IF UNDER 24 HRS DATE 81.HOOR LAST BIRTHDAY PRONOUNCED June 13, 1918 61 ma le white 2-25 19 80 DEAD 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE (STATE OR MARRIED K NEVER MARRIED MaryTand U.S.A. Baltimore County DIVORCED WIDOWED 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 215 Tyronney Ayrenye Ruxton 215 Tyrone Rd Marine Engineer Bethlehem Stee USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE (ITY LIMITS? 13e. STREET ADDRESS 215 Tyrone Road Maryland Rux ton 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Wheeler Sarah Francis Marlow, Sr. OF 17. INFORMANT 166. SOCIAL SECURITY NO. ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 214-12-8808 Mrs. Rosemary S. Marlow 215 Tyrone Road APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot wound of head DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CREMAT 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? ö BURIAL, YES X NO | 210 EXTERNAL CAUSE WAS UNDERLYING OR 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY self/inflicted MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21E LOCATION Home FACTORY, FARM, ETC.) 215 Tyronne Avenue Baltimore County, Maryland WHILE AT WORK Autopsy X 220. I certify that I took charge of the remains described above, held an Inspection and in my opinian death resulted from: Natural causes Undetermined manner TITLE (SPECIFY) TO MEDICAL E.
EXECUTE THE C.
PAGE 4 SHOUI
TO FUNERAL D.
AFTER DEATH, V.
BALTIMORE, MA. ACTUAL Assistant MEDICAL EXAMINER DATE 2=26-80 EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE 2-27-1980 Cremation Loudon Park Baltimore 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGIST 1050 York Road **DHMH - 17** (VR A15 ME (5)) Ruck Towson Funeral Home, Inc. Towson, Maryland 15M 7/77

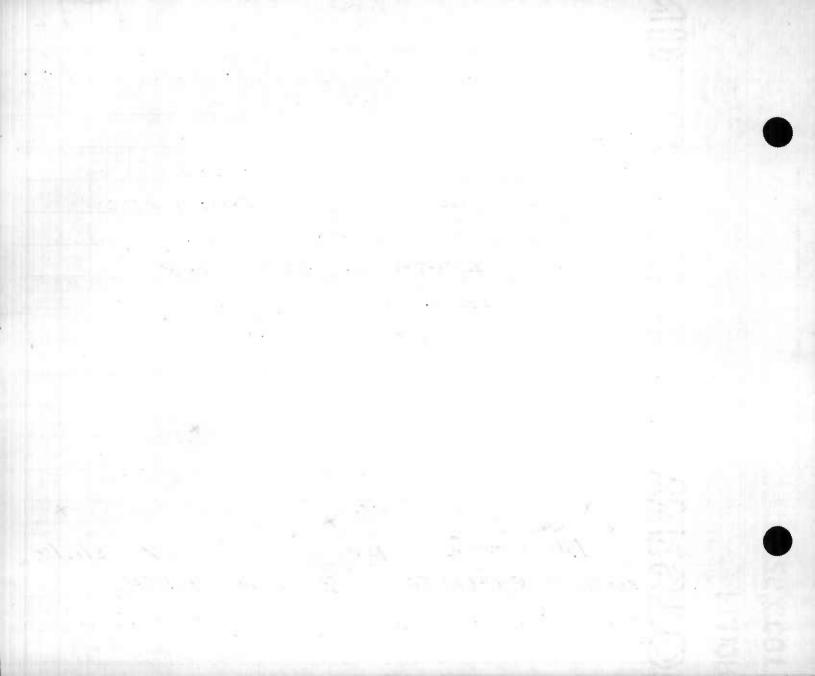


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35	13p. S'		IF IN NURSING HOME 13b. COU Balt	E OR OTHER INS	TITUTION, GIVE		R TOWN		13d. INSIDE	CITY LIMITS? NO 🔼	136 STRE 932	Garde	n Dr.	Apt.	lA	
2		THER'S NAME FIRST Arthu		Geor			shall		E	ER'S MAIDI	ENNAME	MID -		Thor	eau	ST
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ALMATION, OR RE	ATION	cause (o) s lying cous	stating the <u>unde</u> e lost. NIFICANT CONDITION	NS CONTRIBUTION	JE TO, OR A (<) G TD DEATH 8U	UT NOT RELATED	TO THE TERMIN	NAL DISEAS			iRŤ 1 (a).				20 AU	IT OBEV
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TER DEATH, WITH THE LTIMORE, MARYLAND,		PART 2 OTHER SIGN 19a. DATE OF C 21a. EXTERNAL UNDERLYING CONTRIBUTIN 21d. INJURY OF WHILE AT WORK 22a. I certify death resulted ACTUAL SIGNATURE EXAMINER'S N (TYPE OR PRIN	NIFICANT CONDITION OPERATION CAUSE WAS OR CAUSE OF NS CONTRIBUTION 198 216 F DEATH 21c rge of the re turol couses	B. TIME OF HOUR A.M. e. PLACE OF STREET, FACTO moins descr	ON FOR WHINJURY MONTH DEFINJURY (DRY, FARM, ETC.)	AY YEAR 19 ATHOME. held on , Suice	ATION W 21c. HC 21f. LO S Autop	CATION TIREET JITLE (S. D. ASS 1	Inspection cide	n	CITY OR TOWN	ner .	d in my o DATE SIGN	YE ART 2)		

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	female	negro	5-6-195	0 29	, ,,,,,,,,,	Ins DATS	HOURS		DEAD		2	26 198	р
	BIRTHPLACE (FOREIGN COUNTRY)	STATE OR 7	b. CITIZEN OF WH	IAT COUNTRY?	8. MARI	RIED NE	EVER MARRIE	ED 🗶 9.	BALTIMORE		COUNT	Y OF DEATH	
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14.	FATHER'S NAM		MIDDLE	LAST		F	ER'S MAIDER	NAME	MIDDLE			LAST	
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100	(YES, NO, OR UNKNI	OWN) (IF YES, GIVE WA	R OR DATES)	None	JURITINO.			n L. I	Martin	13 De	all	Ave. Md	
	18. CAUSE O	OF DEATH (Enter only of EATH WAS CAUSED B	one cause per line	for (o), (b), and (c).)		03					APPROXIM BETWEEN ON	ATE INTERVAL
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CAL	CONTRIBUT	ING CAUSE OF DEA	ATH ? P.M.	2-26-	80 A		ted fo	od.		75			
MEDICAL CERTIFICATION	21d. INJURY		21e PLACE C STREET, FACTO	FINJURY (AT HO DRY. FARM. ETC.) DITAL		STREET	a		CITY OR TOWN		-COUI	NTY.	STATE
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	deoth result	ted from: Notural	causes .	Accident X	Suicide _], Homic	cide ,	Undeterr	mined monne	r 🔲,			
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+	SIGNATURE	TVV	Y	e)	^	A.D. ASSI	istant	MEDIC	AL EXAMINE	R	SIGNED	2-27-	00
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23a.	(SPECIEY)	TION, REMOVAL 23b.			F CEMETERY O			23d. LOC	ATION		COUN	TY	STATE
	В		3-4-80		aul Cen			Ge	ation ermant	own,	Mont	g,	Md
24.	FUNERAL DIREC		ADDRESS	246 N. W	ashingt	on St	250. DATE RE	EC'D. BY R	EGISTRAR 2	5b. REGIST	RAR'S SI	GNATURE	
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Tosting Miles

William E. Johnson 8521 Loch Raven Bd.

FOR

REGISTRAR

- STATE

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CERTIFICATE OF DEATH

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	MZ T 3 T		ryland		U.S.A		WIDO		IED L	imore Cou		MD
	PAGE 5 PAGE 5 30 W		Y OR TOWN OF	DEATH	11. NAME OF HOSP	ITAL, NURSING	G HOME, OR OT	HER INSTITUTION	12a. USUAL OCCUPA	ATION (TYPE OF WORL		USINESS
			owson		Multi-	Medical	Center		Homemake	r	OK 11.003	KI
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	H-XOFADA	14 FATE	HER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDE	NAME MID	DIE	LAST	*****
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SIVIG	E, WRITING E, WRITING RWARDED T PAGE 3 SH STATE DEPA		WHILE AT WORK	CURRED NOT WHILE AT WORK	21e-PLACE O			STREET COL	scher B/	of Town	ounty Balt	STATE .
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	TO MEDICAL E EXECUTE THE PAGE A SHOUNER AL AFTER DEATH, BALTIMORE, M.		SIGNATURE	evice	us To	won	nelly	· vegut	MEDICAL EXAMI	NER SIGN	18/8	0
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	BP		Burial NERAL DIRECTO	OR .	2-11-80	Park		IZER DATE	Parkville REC'D. BY REGISTRAR		more Md.	
(DHMH - 17	N	NAME		1 Home, Inc		York Roon, Md.	ومعومص الماد	3 1 1 1980	Mortey	MeCreody	1

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Sales of the sales			
Notation of the state of			

FOR

REGISTRAR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

AGE (IN YEARS LAST BIRTHDAY)

IF UNDER I YEAR

DAYS

CERTIFICATE OF DEATH REG. NO. 20. DATE OF DEATH MONTH 26. HOUR February 28th.1980

EMMA W. McCOY 4 RACE 5 DATE OF BIRTH White Julie 15th.1898

Th CITIZEN OF WHAT COUNTRY? USA

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

(# NOT IN SUCH EACHITY, GIVESTREET ADDRESS)

13'ACITY BETPWH

LAST

MARRIED D NEVER MARRIED WIDOWED DIVORCED [

BALTIMORE CITY OR COUNTY OF DEATH

Baltimore County 176 KIND OF BUSINESS OR

12ª USUAL OCCUPATION HOME OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

STREET APPRESSIIE Rd. 21212 13d. INSIDE CITY LIMITS?

YES | 15 MOTHER'S MAIDEN NAME

Ameria M. Sweitzerout

IF UNDER 24 HRS

HOURS

166 SOCIAL SECURITY NO 214-03-3545

17 INFORMANT

Miss Viola T. McCoy-517 Anneslie Rd. 21212

Conditions, if ony, which	110	0	-
Conditions, it only, which	TI MA		In
gove rise to immediate cause (a), stating the underlying cause last	/	0	

9a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	

216. TIME OF INJURY

P.M

211 LOCATION

20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

21a PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC)

HOUR A.M. MONTH DAY YEAR

CITY OR TOWN COUNTY STATE

and that in (my) (quet opinion death occurred on the date and hour and from the causes stated (did nat) view the bady after death DEGNEE MEDICAL ATTENDING STAFF DIRECTOR | PHYSICIAN PHYSICIAN 22 ADDRESS

Norman R. Freeman, Jr. M.D. 231. NAME OF CEMETERY OR CREMATORY 236. DATE

29th Street

23d LOCATION

Balto City

STATE

27c DATE SIGNED

DHMH-16 25M

24. FUNERAL DIRECTOR Mitthell-Wiedefeld Home-6500 ork Rd. 21212 (VRA 15, 4) 1/79

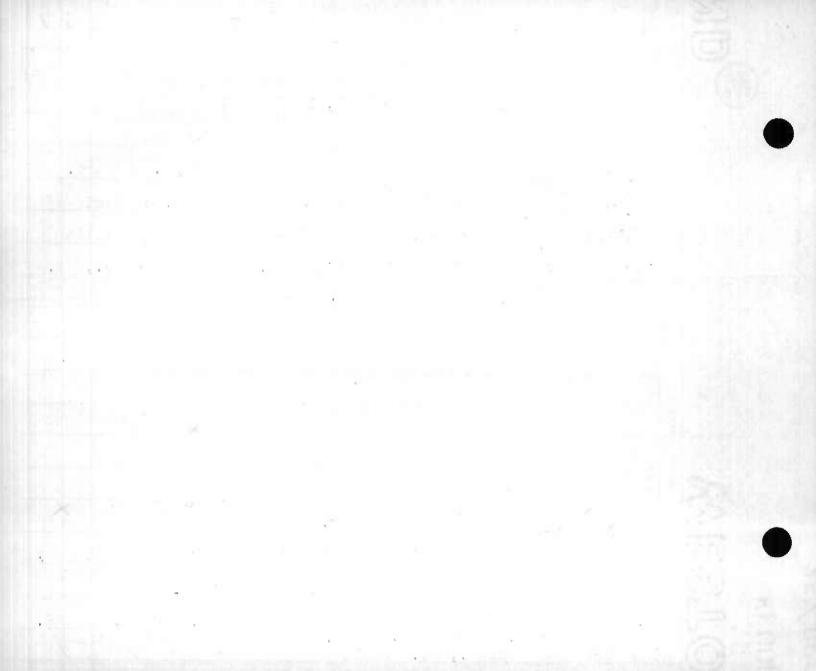
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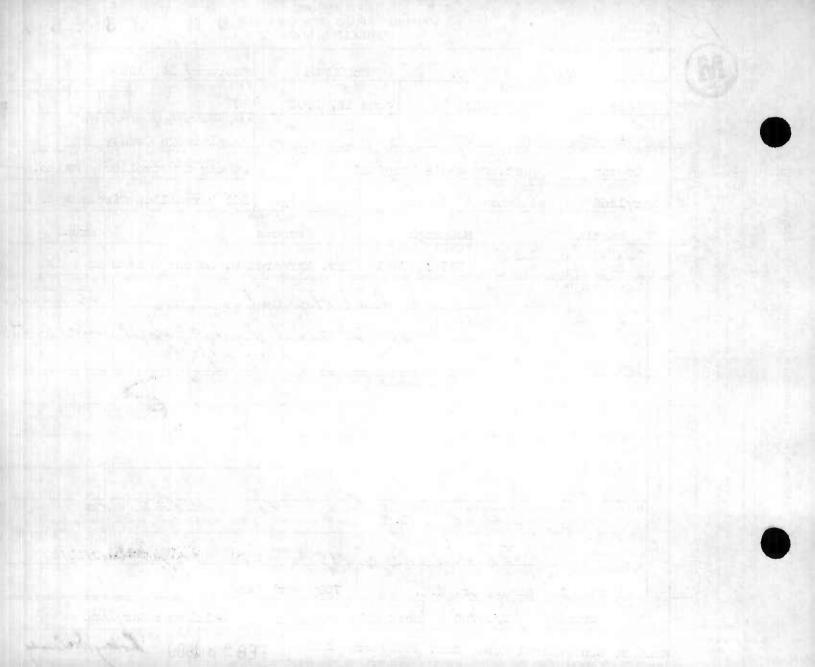
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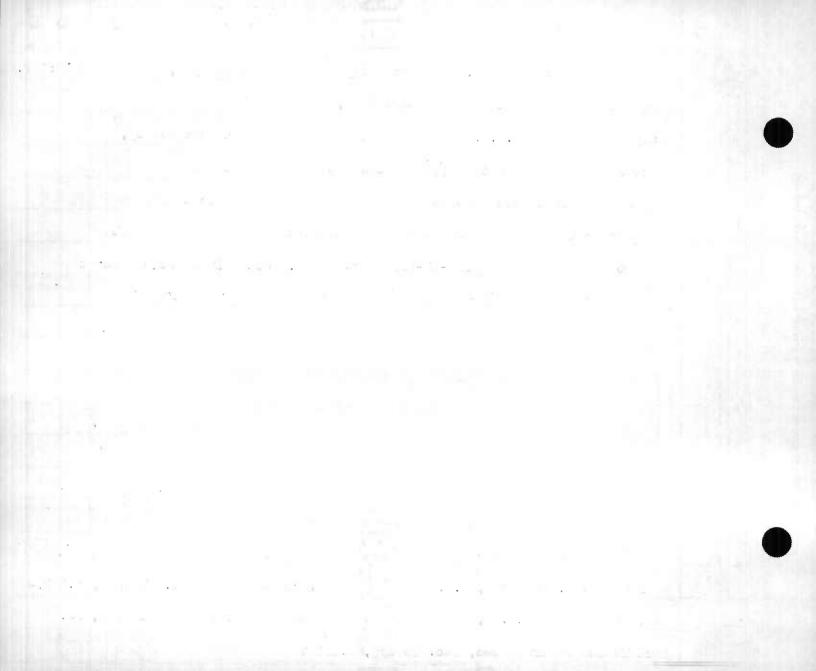
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3. SEX 4. RACE 5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY MONTHS 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 77. DEATH MATED PRONOUNCED DEAD TO PROVIDE CITY OR COUNTRY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVESTREET ADDRESS) 12. CITY OR TOWN 13. STATE 136. COUNTY 136. CITY OR TOWN 137. CITY OR TOWN 138. STREET ADDRESS 139. STREET ADDRESS 130. STREET ADDRESS 130. STREET ADDRESS 131. STREET ADDRESS 131. STREET ADDRESS 132. CITY OR TOWN 133. STREET ADDRESS 134. FATHER'S NAME FIRST MIDDLE 15. MOTHER'S NAME FIRST MIDDLE MIDLE MIDDLE MIDDL	2019 80 9
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14. FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE 15. MOTHER'S MAIDEN NAME FIRST MIDDLE	rock.
(I	2010
HARRY McCullough Catherine S.	Wilson
166. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	WINSON
(YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) YES WWIII 217-01-3911 Decinna R. McKelly Seven Valle	10.15 PAIZE
18. CAUSE OF DEATH (Enter only one cause per line to (gl., (b), and (c).)	APPROXIMATE INTERV
PART I DEATH WAS CAUSED BY:	ALTWEEN CHOEVAND D
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gave rise to immediate (b) OUE TO, OR AS ACONSEQUENCE OF	/
lying cause last.	5+
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216. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN TIEM 18 PART 1 OR PART 2	YES LI NO
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WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET STREET CITY OR TOWN COUNT	TY STA
AT WORK AT WORK	
220. I certify that I taak charge of the remain an ribed above, held an Autopsy , Inspection , Inquiry , and in my apini	ion
death resulted fram: Natural causes Accident , Suicide , Hamicide : Undetermined manner ,	
Interest of the second	1 /-
SIGNATURE ACTUAL SIGNATURE SIGNED	-120/80
	1
EXAMINER'S NAME (TYPE OR PRINT)ADDRESS	
23d. BURIAL CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	
CITY OR TOWN COUNTY	to STATE
1236. BURIAL, CREMATION, REMOVAL 1236. DATE 1236. NAME OF CEMETERY OR CREMATORY 1236. LOCATION COUNTY FEBRUARY 235 REGISTRAR'S SIGNERAL DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNERS. 1256. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNERS. 1256. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNERS.	to Mit

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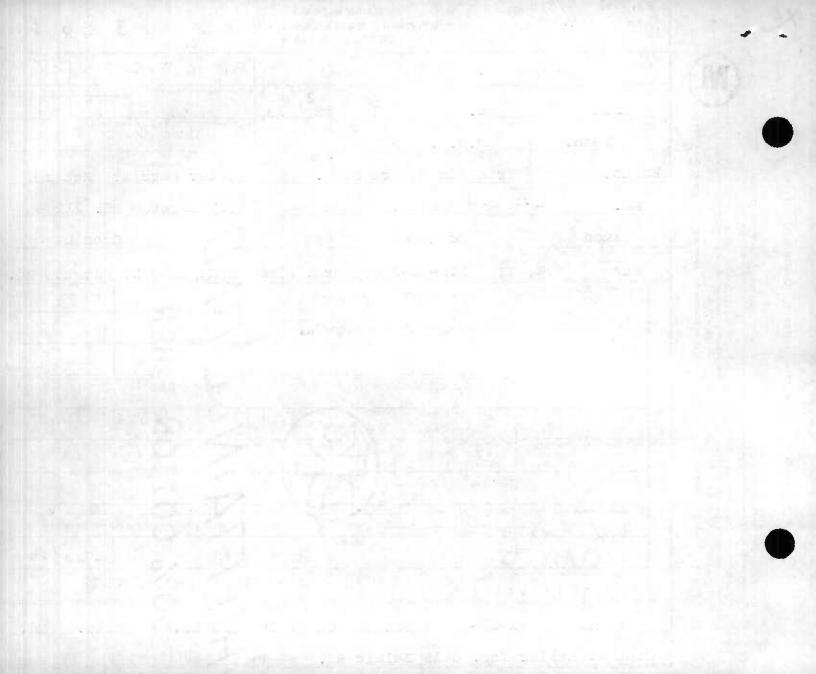
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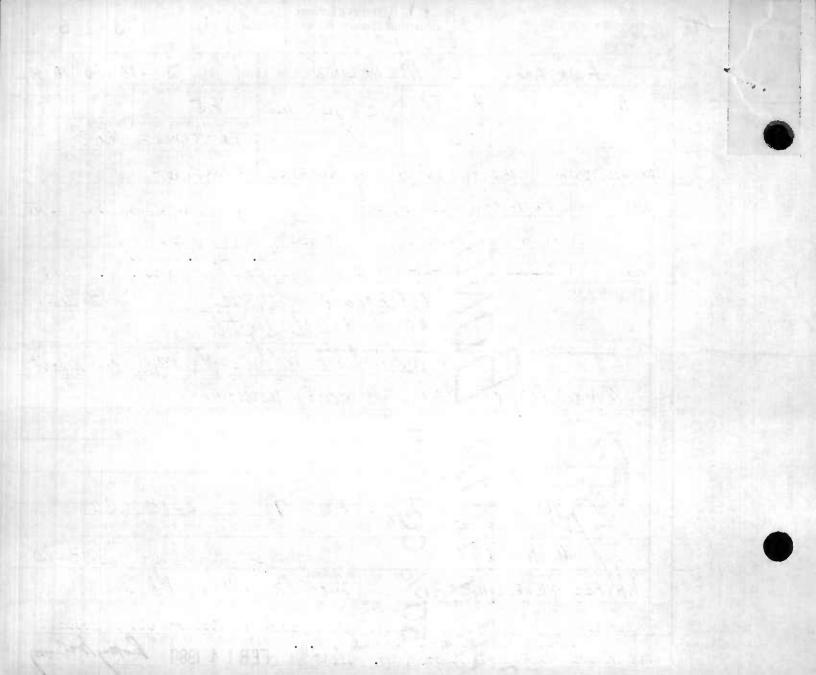
3	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	4 5
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0 2
HEALTH DEPT≈ ₽ B	1. DECEASED NAME (Type or Print) VERNON F. Middle McINTOSH 2a. DATE KNOWN Month Day OF ESTI- DEATH MATED . 2 29	Year 2b. HOUR 1980 1516
	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
ny delay 2, and 3 PM3. Po	Male White Sept.19, 1919 62 YRS. MONTHS DAYS HOURS MIN Month 2 Day 29 Year	180 1536
F - F	7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
For the state of t	W. Virginia United States Baltimore County.	Md
fer deu Give Pog ong with th the Sta th.	give street address) during most af warking life, even if retired.) INDUSTR	D OF BUSINESS OR Y
after de 8. Give P along with the eath.	13a. USUAL RESIDENCE (Where deceased lived, institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	Dry Dock
of ce wi alim at	admission) STATMaryland 3 COUNTY Baltimore YES NO 529 S. Ann St.	
hours Item 18 Office Jand 2	14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	Last
24 hi in Ite r's Of r's Of		llins
within 24 hours pencil in Item 1 xaminer's Office ile pages 1 and 2 72 hours offer a	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
I within n pencil Examine File pogo	(Yes_no, or unknown) (If yes give war or doles of service) 214-14-7409 Betty McIntosh 529 S. Ann St.	
ol E	18. CAUSE OF DEATH (Inter only one cause per line for (a), (b), and (c).	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
executed and a major of the maj	IMMEDIATE CAUSE (a) CONTROL CO	- years
be executed "pending" in nief Medical E ansit permit. F event within	DUE TO, OR AS A CONSEQUENCE OF	U
d be d "l Chie fran tran	rise ta immediate cause (a), (b)	
certificate should be executed writing the word "pending" in prwarded to the Chief Medical E. used os a burial-transit permit. F. moval, ond in ony event within	stating the underlying cause DUE 10, OR AS A CONSEQUENCE OF last.	
the slate of the date of the nd in the interval of the slate of the sl	PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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verifi writi rwa rwa rwa novo	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	AUTOPSY?
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NER shou shou files.	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street ar R.F.D. Na. City ar Tawn Caunty	State
	WHILE AT WORK	Sidie
DEPUTY Cessory, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page alth prior to burial, crem		nd in my op i nion
exe exe or. If of the control of the	death resulted from: Natural causes D. Accident , Suicide , Homicide Undetermined manner	id iii iiiy opiiiioii
Slease direct direct bir to bir to b	CHIEF MEDICAL EXAMINER	1
ITX DIC. Ty, please eral director be retained RAI DIRECT prior to bu	ACTUAL J. CLOSSON O HONOVAN M. ASSISTANT MEDICAL EXAMINER \(\) 226. DATE SIGNED	1-1
DEPUTY reessory, e funeral may be FUNERAL printed	DEPUTY MEDICAL EXAMINER 2 27	80
0 = -0	NAME (Type) J. CROSS AN O'DOWOVAN ADDRESS (Street, city, town, or county)	
01 = 20 ±	230. BURIAL, CREMATION, BURIAL, CREMATION, March 1, 1980 Mt. Carmel Cemetery Baltimore, (County)	(State) Md.
0700	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REC'D BY REGISTRAR	-
VR A15ME [5] 10M REV. 1/68	Lilly & Zeiler Inc. 1901 Eastern Ave. /21231 DAMAR 3 1980	/

MARYLAND STATE DEPARTMENT OF HEALTH

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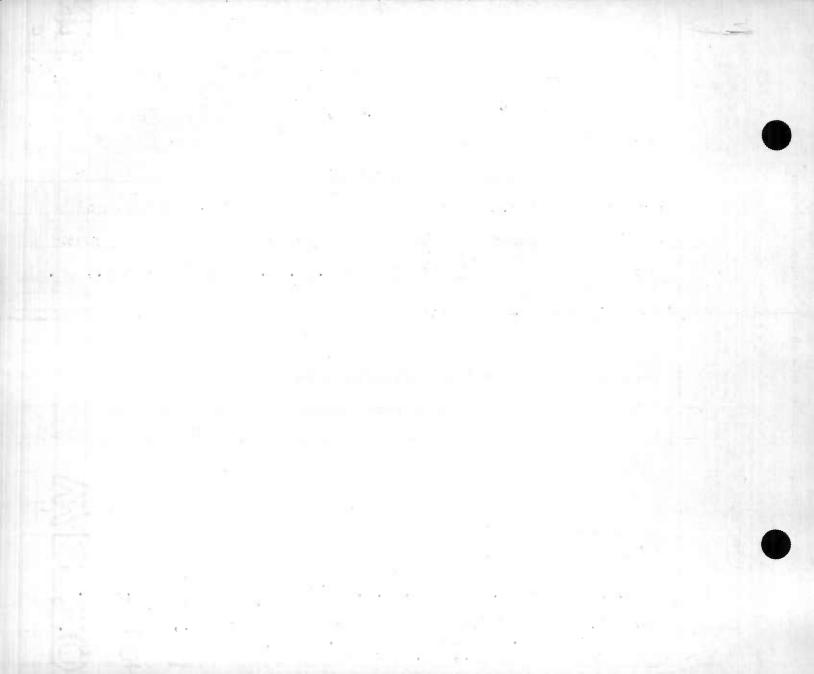
					E OF MARYLAND			
	1.	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYG	REG. NO	0 3	263
M		CEASED NAME FIRST Rober	rt J. MC MA		AST		MONTH DAY	YEAR 25 HOUR 4:35 F
	3. SE	Male	Cau.	5. DATE O		6 AGE (IN YEARS LAST BIRT	HDAY) IF UND	DAYS HOURS MIN
of of of of	7a BI	Penn.	76 CITIZEN OF WHAT COUNTRY U.S.A.	MARRIE	NEVER MARRIED	9 BALTIMORE CITY O		y
Otified		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE Franklin So	ING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Letter C	FWORKING LIFE) IN	KIND OF BUSINESS O
ed Br	USUA		OR OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS		Recired 1. 21206
3	14 FA	THER'S NAME SIMON	Mc Mah	on	Agnes			onin
medical	16a V	VAS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, G Yes W.W	HVE WAR OR DATES)		Mrs. Alma	Mc Mahon		Barstow Ro
not the death certificate by the attending physic se remave carbon pape i, cremation, or remaval other traumatic event, t		PART I. DEATH WAS CAUSE Conditions, if ony, which gove rise to immediate couse io', stofing the	only one couse per line for 10, 16, 16, 18, 18, 18, 18, 18, 18, 18, 18, 18, 18	far ar				APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
or oth		underlying couse last	DUE TO, OR AS A CONSEO					
ne prior to buriol, cr ws any injury, ar ath	FICATION	underlying couse last	T CONDITIONS CONTRIBUTING TO	<u>D DEATH</u> BUT		20a AUTOPSY?	20b. IF YES, WER	E FINDINGS USED CAUSES OF DEATH?
Salams on inputy, or	CAL CERTIFICATION	underlying couse last PART 2 OTHER SIGNIFICANT	T CONDITIONS CONTRIBUTING TO	<u>O DEATH</u> BUT		200 AUTOPSY?	206. IF YES, WER IN CERTIFYING YES	EFINDINGS USED CAUSES OF DEATH? NO
shows ony injury, or	MEDICAL CERTIFICATION	underlying couse lost PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	T CONDITIONS CONTRIBUTING TO	D DEATH BUT TH OPERATION DAY YEAR 19	N WAS PERFORMED	200 AUTOPSY? YES NO SED (ENTER NATURE OF INJUR CITY OR TOW	20b. IF YES, WER IN CERTIFYING YES 12 YIN ITEM 18, PART 1 OI	EFINDINGS USED CAUSES OF DEATH? NO
Item 18 shows any injury, or		UNDERLYING COUSE LOST PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DETERMINE AUSE OF DETERMINE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK ON THE OBOVE. We will did it day to obove. We we ided to see the obove.	19b. CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICE 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE)	DAY YEAR 19 E, FARM, ETC.)	21c. HOW INJURY OCCURS 21l. LOCATION STREET 20 19 80 ad that in (00) (aur) opinion of	200 AUTOPSY? YES NO S RED (ENTER NATURE OF INJUR CITY OR TOW	20b. IF YES, WER IN CERTIFYING YES 19 19 11 11 11 11 11 11 11 11 11 11 11	EFINDINGS USED CAUSES OF DEATH? NO RPART 2) UNITY STATE
if them 21 is marked or them 18 shows any injury, or		UNDERLYING COUSE LOST PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK 22a. 1 certify that (this has sow the deceased alive cobove. W) [we] (did) (did) 22b. SIGNATORE	T CONDITIONS CONTRIBUTING TO 19b CONDITION FOR WHICE 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE) 21d. Time bed the Occessed from the pool view the body ofter death.	DAY YEAR 19 E, FARM, ETC.)	211. LOCATION STREET 20 19 80 and that in (pr) (aur) apinion of DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO S RED (ENTER NATURE OF INJUR CITY OR TOW	20b. IF YES, WER IN CERTIFYING YES YIN ITEM 18, PART 1 OI TO 19 2	EFINDINGS USED CAUSES OF DEATH? NO RPART 2) UNITY STATE
ANT: If Hem 21 is marked or Hem 18 shows any injury, or	MEDICAL	UNDERLYING COUSE LOST PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (this has sow the deceased alive cobove, Wiwe) (did) (did) 22b. SIGNATORE 22d. PHYSICIAN'S NAME (TYPE	T CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICE 196 CONDITION FOR WHICE 216 TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE) 191 VIEW the body after death.	DAY YEAR 19 E, FARM, ETC.)	211. LOCATION 211. LOCATION STREET 20 19 80 ad that in (00) (aur) apinion of PHYSICIAN E 22e ADDRESS 9000 Fran	200 AUTOPSY? YES NOT	20b. IF YES, WER IN CERTIFYING YES YIN ITEM 18, PART 1 OI 10 10 19 2 3 3 4 10 10 10 10 10 10 10 10 10	REFINDINGS USED CAUSES OF DEATH? NO
E Dept. of Health and Mental Hygiene prior to burial if Hem 21 is marked or Hem 18 shows any injury, or	WEDICAL	UNDERLYING COUSE LOST PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a.1 certify that (this has sow the deceased alive cobove. N well (did) (did) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE	T CONDITIONS CONTRIBUTING TO 19b CONDITION FOR WHICE 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE) 19th View the body ofter death.	DODEATH BUT TH OPERATION DAY YEAR 19 E, FARM, ETC.) Feb 80 , on	211. LOCATION 211. LOCATION STREET 20 19 80 ad that in (px) (aur) apinion of PHYSICIAN [22 ADDRESS	200 AUTOPSY? YES NOTED	20b. IF YES, WER IN CERTIFYING YES YIN ITEM 18, PART 1 OI 10 10 19 2 3 3 4 10 10 10 10 10 10 10 10 10	REFINDINGS USED CAUSES OF DEATH? NO TO THE REPART 2) UNITY STATE 80 that (we) lift from the couses stated 2t. DATE SIGNED 2 20 80 237





	1	FOR - STATE REGISTRAR		DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE U	0 3	2 6	5
leoth.		ECEASED NAME FIRST AUGUST		MIDDLE		THE	20. DATE OF DEATH	2 12	80 12	HOUR ZOAM
rs offer	3 56	EMALE	WH TE		5 DATE O	F BIRTH	6 AGE (IN YEARS LAST BIRTH			URS MIN
35		IRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76 CITIZEN OF	WHAT COUNTRY?	MARRIED WIDOWE	DI DIVORCED	BALTIMORE CITY OF		NTY	MD.
notified with		T. WILSON		H FACILITY, GIVE STREET A		CENTER INSTITUTION	(TYPE OF WORK FOR MOST OF	WORKING LIFE	IZE KIND OF BUINDUSTRY	1
Sand be	13a	AL RESIDENCE (IF MURSING HOME OF STATE 136 COU!	OTHER INSTITUTION NTY	GIVE RESIDENCE BEFORE 131. CITY OR TOWN BACTIMO	١ ١	13d INSIDE CITY LIMITS? YES NO []	13. STREET ADDRESS 5602 WC	NOM GOO	IT AUEI	NUE
ond 2 st		HERMAN	MIDDLE	MENTHE		15. MOTHER'S MAIDEN NA	WIDDLE		CPEWALI	٥
Poges		WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIVI UKNOWN	MED FORCES? E WAR OR DATES)	220-54 -4	5280	PATIENT'S	CHART	55		Zi hij
physicic onpopers emovol.		18 CAUSE OF DEATH (Enter or PART I. DE ATH WAS CAUSE)MMEDIA		line for (a), (b), and CARDIAC	ARB	SST		Telle.	BETWEEN ONSE	
ove carbo		4292 Conditions, if any, which	DUE TO, O	R AS A CONSEQUE	NCE OF	CAPROVASCULAR	DISEASE		YEARS	
leose remial, cremo		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, O	r as a consequer	NCE OF					
hen ple to buri	z	PART 2. OTHER SIGNIFICANT	The second second				AINAL DISEASE OR COND	ITION GIVEN	IN PART 1(a)	
giene prior t	CERTIFICATION	SCHIZO PHRENIA,		BLAIN SY		N WAS PERFORMED	200 AUTOPSY?		VERE FINDINGS NG CAUSES OF I	
Mental Hygins Item 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	NI II	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	IN ITEM 18, PART	1 OR PART 2)	
e os the bur alth and Me marked or II	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, FA	RM, ETC.)	211 LOCATION STREET	CITY OR TOW	И	COUNTY	STATE
for use of Health		270.1 certify that to (this hospital) attended the deceased from MARCHT 16 19 72, to TEB 12 19 80 and that in (-7) (our) opinion death occurred an the date and hour or above. (I) (see) (did to 100 years) view the body after death.							,	es stated
detoched ate Dept		226. SIGNATURE of		Zuntu		DEGREE ATTENDING PHYSICIAN [MEDICAL STAF	F IAN 🔼	2-12-	
should be deto with the State [IMPORTANT: If		JAMES L.		NIEL, MI	>	1625 BEU	STREET, B	ALTIMO	DRE MD	21230
- 5 3 ₹		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	·Feb.	13'80 C	edar	_	23d. LOCATION CITY OR TOWN		Tundel	Md.
16 50M 7/77 A 15 (4))	24 F Ha	uneral director	112 Col	umbi ^{Appre} Rd.	Elli	cott City FF	E REC'D. BY REGISTRAR	S AREGINERAL	R'S IGN URE	4

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TREES WIND LUC 113812 ...

DHMH - 16 50M 1/76 (VR A 15 (4))

burial

24 FUNERAL DIRECTOR MINICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740

Hagerstown, Wash., Maryland March 3,1980 Rose Hill Cemetery 250. DATE REC'D. BY REGISTRAR 256 REGISTBOR'S SIGNATURE 1000

7b. HOUR

17b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL

NO [

STATE

COUNTY

80

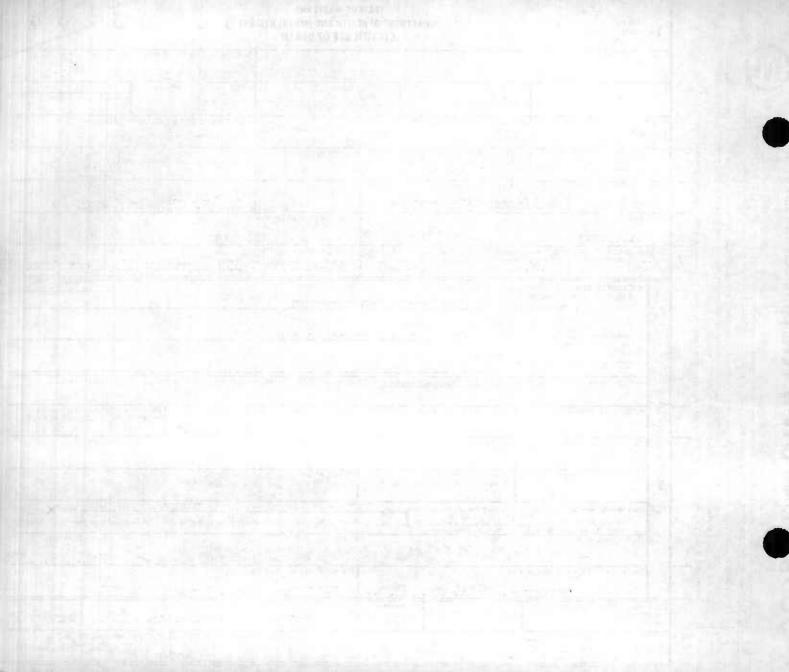
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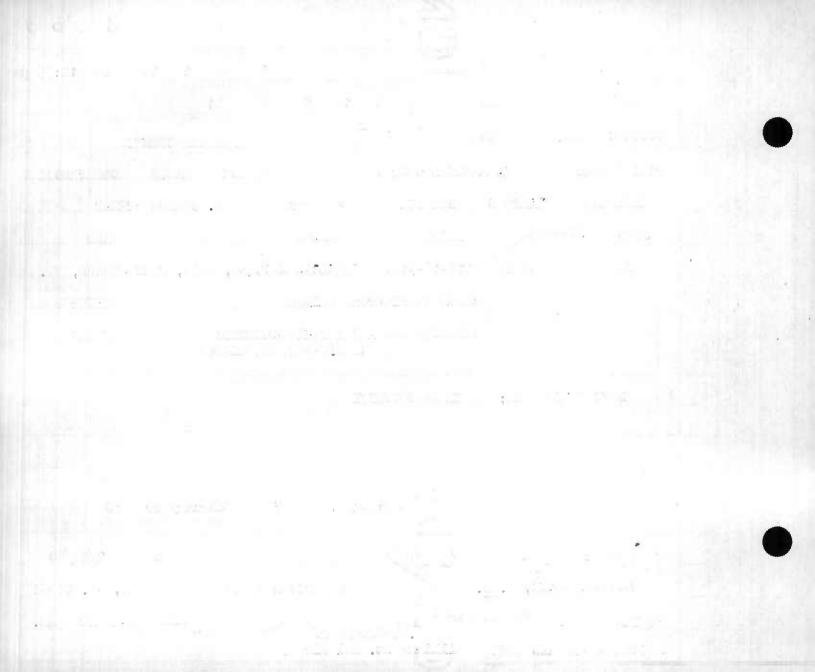
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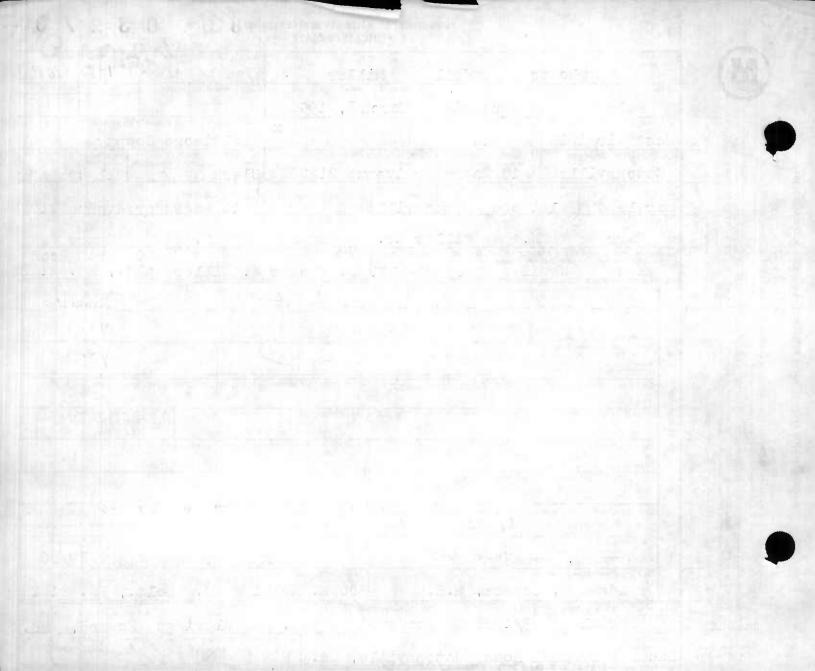


DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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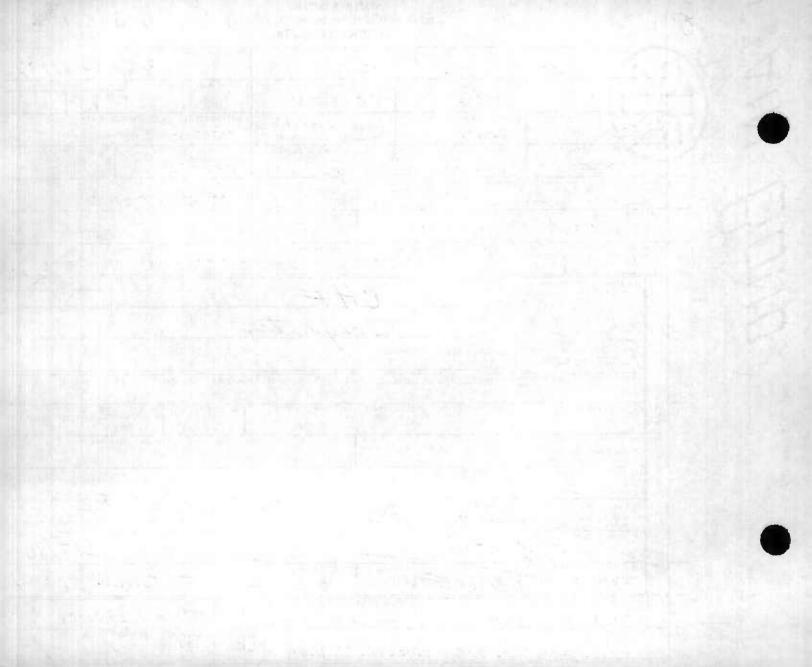
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	3. SE	X.	4. RACE	5. DATE OF BIRTH	6. AGE (IN)	EARS IF UNDER	1 YR. IF UNDER	24 HRS. 2c. DATE	MONTH	DAY YEAR	2d. HOU	
		MALE	WHITE	APR. 22,		YRS.	DAYS HOURS	MIN. PRONOUNCED	2-	- 8 1,80	053	
0	7a. B	RTHPLACE (5	TATE OR	76. CITIZEN OF WE		8. MARRIED	NEVER MARR	IED 7. BALTIMORE	CITY OR COUN	TY OF DEATH	100	
2		ALTIMOI			S.A.	WIDOWED	☐ DIVORC	ED 🗆		MORE COL		
)		EASTPO	INT	(IF NOT IN SUCH FACE	PITAL, NURSING HOAD CUITY, GIVE STREET ADDRESS 2 LANSDALE	RD. # 2	21224.	12a. USUAL OCCUPATION FOR MOST OF WORKING RET TREE	ON (TYPE OF WORK	OR INDUST	USINESS TRY CR	
)	13a. S	TATE MD.	13b COUN	OR OTHER INSTITUTION, GIV TY TIMORE	13c. CITY OR TOWN EASTPOIN	13d. 1	INSIDE CITY LIMITS?	13e STREET ADDRESS 8002 LANSI	ALE RD.	£ 21224.	477	
	14. F/	ATHER'S NAME		MIDDLE	LAST	15. /	MOTHER'S MAIDE	NAME		LAST		
6				MOERSCHEL				eth anna bui				
	16a. V	ES. NO. OR UNKNO	DEVER IN U.S. AR	WED FORCES? WAR OR DATES)	16b. SOCIAL SECURI	27 127 1	NFORMANT		DDRE 8002			
	_	YES			213-10-59	60 M	INNIE S.	MOERSCHEL 1	BALTO,	, 21224		
		PARTIDE	F DEATH (Enter on ATH WAS CAUSE)	ly ane cause per line	-	1.0	. 0 T			APPROXIMAT BETWEEN ONS	TE INTERVAL ET AND DEATH	
		IMMEDIATE CAUSE (a) There my caratal men a lon										
Œ.	QUE TO, OR AS A CONSEQUENCE OF											
		Conditions, if any, which gave rise to immediate (b)										
9		cause (a) lying cau	stating the under-	DUE TO, OR	AS A CONSEQUENCE	OF			Telle III te	1 1 0 - 10	ADD	
				(c)								
A	z	z	PART 2 OTNER SI	SNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TER	MINAL DISEASE OR CO	ONDITION GIVEN IN PAI	N 1 (a),			: 3/6
1	CERTIFICATION	19a. DATE OF	OPERATION	TI96 CONDIT	ION FOR WHICH OPE	RATION WAS PE	FREORMED?			20 AUTOPSY	12	
4	IFIC	Will co		14 (2)	Land District							
3	ERT	21a. EXTERNA	L CAUSE WAS	21b. TIME OF		21c. HOW IN	NJURY OCCURRE	D (ENTER NATURE OF INJURY IN	LITEM 18 PART 1 OR PA	YES [NO N	
0	ALC	UNDERLYING	OR G CAUSE OF D		MONTH DAY YEA	R						
	MEDICAL	21d. INJURY C		21e PLACE O	F INJURY (AT HOME.	21f. LOCATIO	ON					
	ME		NOT WHILE C	STREET FACTO	DRY, FARM, ETC.)	STREET		CITY OR TOWN	со	YTMU	STATE	
						Г	7	10				
					ribed abave, held an	Autopsy L	, Inspection		, and in my as	pinion		
		death resulte	d fram: Natur	ol couses 🔼,	Acadent L., S		Hamicide	Undetermined manner		1,		
		ACTUAL	J. Car	Man O	Vomenta	T	THE (SPECIFY)		DATE	2/8/	47	
		SIGNATURE_	7 7 6 300	T-PROVI C	707-00-00	M.D	Property	MEDICAL EXAMINER	SIGNE	D	00	
		EXAMINER'S I (TYPE OR PRIN	11) 4.510	SSAN O'I	JONOVAN	ADDR	RESS 2112	Dundalk A	M., Bal	te., no.	212.23	
	23a. Bl	PECIEY)	ION, REMOVAL 2		23c. NAME OF CE			23d. LOCATION CITY OR TOWN	cour	NTY 5	TATE	
	04.5		RIAL	2-11-80	OAK LA	WN CEME		7225 EASTI	ERN BLVD	BACCO	М	
	01	NERAL DIREC	Queles		901 S. CON		I DETER	C'D BY RECT PRAT 25	b. BEGISTRAR'S	IGNATURE	7	
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Towson, Maryland

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(VRA 15, 4) 1/79

Ruck Towson Funeral Home, Inc.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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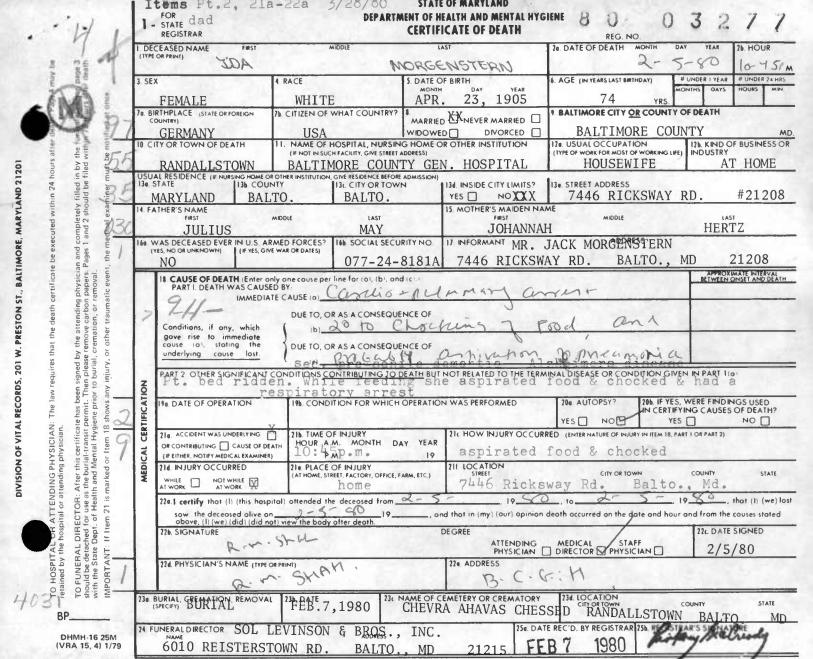
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Bruzdzinski Funeral Home PA 1407 Old Eastern Ave

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35 ×	1	FOR STATE	DEPAR	TMENT OF HEALTH AND MENTAL HY	GIENE 8	0 3 2 7 9
3		REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
		CEASED NAME FIRST	WIDDLE	LAST		MONTH DAY YEAR 26 HOUR
o pe	(III)	ORPRINT) William	Francis 1	Morningstor Sr	FE	B 23 80 M
You de the	3 SE	X	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTI	
9 9 4 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	8	m	W	MONTH DAY YEAR	68	MONTHS DAYS HOURS MIN
h. Poge		RTHPLACE (STATE OR FOREIGN)	b. CITIZEN OF WHAT COUNTR	7? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY O	RCOUNTY OF DEATH
ee 61 326		MD.	4214	WIDOWED DIVORCED	y	MD.
offer of with	10 C	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STRI		126 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF	
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MARY ed with mplete and 2	17.17	A FIRST M	IDDLE LAST	FIRST	WIDDLE	2 1/ LAST
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BALTIMORE. Cote be executable by the second or cote o			WAR OR DATES)			
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RESTO		Canditians, if any, which gove rise to immediate	(b) 0000	muy cirulieso	ure s	
I W. PRESTON ST hat the death certi by the attending p SSE remove corbon i, cremotian, or ren ather traumatic ev		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEC	VENCE OF	osilias-	
201 es the pleas priot,		DARK O OTHER CIONNESS AND C	(c)	went tomes	onios	
quire quire sign Then to bu	Z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING I	O DEATH BUT NOT RELATED TO THE TER	rminal disease or cont	SITION GIVEN IN PART ITO
ECOR Dw rec mit. T prior t any in	ATIC	19a DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED
L REC	CERTIFICATION				YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO
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N OF VIII SICIAN: ng physi certificat certificat mental Hy.		OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH	DAY YEAR		
ON OF HYSICIA Instruction of the Mental of them	MEDICAL	21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	21f LOCATION		
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3 0 0 0 0		220.1 certify that (1) (this haspite	al) attended the deceased from	7-28. 1950	2 to 2 - /	9 80, that (1) (we) last
TEN TOI TOI Ser		saw the deceased alive an abave, (I) (we) (did) (did nat	05-17 19	80 , and that in (my) (aur) opinia	n death accurred an the do	ite and haur and fram the causes stated
OR All DIREC Sched f Dept.		226. SIGNATURE	view the bady affer death.	DEGREE	J-12-22-10	22c. DATE SIGNED
the the effociency of the Defociency of the Doring the		79m . 11.	Krolley	ATTENDING PHYSICIAN	DIRECTOR PHYSIC	10-23-50
HOSPITAL ned by the FUNERAL wide determine Storie ORTANT:		274. PHYSICIAN'S NAME (11YH OF	(MI) A MANAGER	22e ADDRESS	0 /-	
		112 M. A. F.	DE CUS IN	2A. 815 C	Elsten 1	Plant.
4200 g 0 g x x	23a. E	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
BP	(BURIAL	2/11/00	GARDENS OF FAI	CITY OR TOWN	TO. COUNTY STATE
DHMH - 16 50M 1/76	24. FI	UNERAL DIRECTOR		25o. D	ATE REC'D. BY REGISTRAR	25 PEGISTRAR'S HEN TURE
(VR A 15 (4))		CNAME OF IN	ADDRESS	- MACE TO DIS MA	R 3 1980	horiste statement

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	1	FOR STATE REGISTRAR		DEPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYO CATE OF DEATH	GIENE 8 0	0 3 2	8 0
		CEASED NAME FIRST	WIDDLE	i.	AST	20. DATE OF DEATH		26 HOUR
y be		LINDA	М.	MUL	GREW	FEBRUARY	21, 1980	11:20a _m
moy peg	3 SE	X	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR MONTHS DAYS	
ge 4		Female	White	May	18. 1949	30	YRS	
9 (4 m)		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8	NEVER MARRIED		COUNTY OF DEATH	
deoth.		aryland	USA	WIDOWE	D DIVORCED	BALTIMORE		MD.
i 11 17	10. 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPIT		R OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		OF BUSINESS OR
5 F		TOWSON	SAINT JOS	SEPH HOSPIT	AL	Homemake	1	
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MAR ted win	30	Alfred M.	Franci		Doris	M.	Pillsb	oury
e executed		WAS DECEASED EVER IN U.S. AR	E WAR OR DATES)	OCIAL SECURITY NO.	17. INFORMANT	ADDRES	SS	
S. Pog		no		3-50-1512	Mr. Thomas M	. Mulgrew Jr	. 2810 Garr	et Rd.
BALT cote by sicio opersion op		18 CAUSE OF DEATH (Enter of	nly one couse per line for	(o), (b), and (c)			APPRO BETWEEN	NONSET AND DEATH
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST L DECEASED NAME 20. DATE OF DEATH MONTH 2b. HOUR VEAD (TYPE OR PRINT) Andrew Munro 1980 10:40a. 4 RACE IF UNDER 24 HRS 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER I YEAR HOURS Male. White 1902 77 BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Pennsylvania USA Baltimore County WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Catonsville Little Sisters of the Poor many iobs USUAL RESIDENCE (IF NURSING HOW A SOUTHER INSTITUTION, GIVE RESIDENCE SEFORE ADMISSION) 13c. CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Maryland Baltimore 1214 Eutaw Place YES X NO 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE LAST Andrew Eva Newman Munro 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN)
UNKNOWN 233-26-6074 Sr. Pauline 601 Maiden Choice Lane 18. CAUSE OF DEATH (Enter only one couse per line for La., (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A/CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES T 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21s PLACE OF INJURY 21f. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE Cleen 220.1 certify that (1) (this hospital) ottended the deceased fram, sow the deceased alive on above, (h) (we) (did) (did nat) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING STAFF ex-celer DIRECTOR PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 1101 Maioleu SEANGEY MAKUDES 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION

DHMH - 16 50M 7/77 (VR A 15 (4))

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24 FUNERAL DIRECTOR

BURIAL

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

02-04-80

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NEW CATHEDRAL

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

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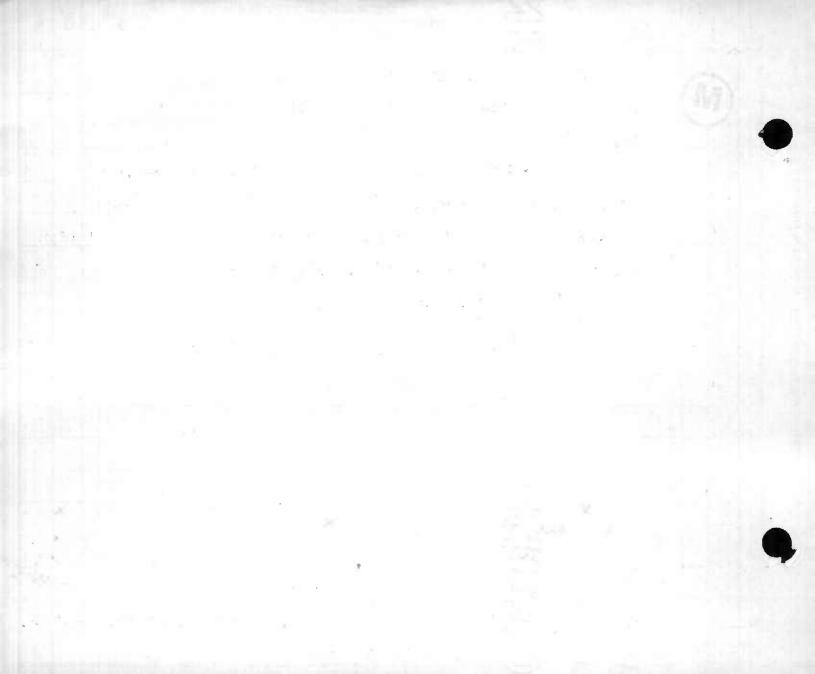
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO AKA ELIZA 20 DATE OF DEATH MONTH L DECEASED NAME (TYPE OR PRINT) Feb. 26. 1980 p. Elizabeth Nelson AGE UNIVEARS LAST BIRTHOAY IF UNDER 1 YEAR IF UNDER 24 HRS 4 RACE 9 DATE OF BIRTH 3. SEX HOURS MONTH MONTHS DAYS 1936 TEMALE Dea 01 To BIRTHPLACE (STATE OR FOREIGN Th. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORK IRGINIA WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH INDUSTRY I TYPE OF WORK FOR MOST OF WORKING LIFE! LATOMS VILLE HOMEMAKER +ROUL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION) 1136 COUNTY 13- GITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS MARYLAND PARTIMORE YES FIL NO [] 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT NOISON 801N. CASTER IYES, NO OR UNKNOWN! I I IF YES, GIVE WAR OR DATES! APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY MIN. Respiratory failure IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Acute and chronic bronchial asthma Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF 480. PS underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO P NO [YES [21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 21a. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF GEATH MEDICAL LIF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211. LOCATION 21e PLACE OF INJURY 21d INJURY OCCURRED CITY OF TOWN COUNTY STATE STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 22a | certify that ((this hospital) ottended the deceased from, saw the deceased always an above, (I) (we) [did) (did not) reb. and that in (my) (MOM) opinion deoth occurred on the date and hour and from the causes stated bt) view the bady after death DEGREE 22c. DATE SIGNED 226 SIGNATURE STAFF MEDICAL ATTENDING 2-27-80 DIRECTOR PHYSICIAN X should be deto with the Stote IMPORTANT: 1 PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS SPRING GROVE HOSPITAL CENTER Agaton H. Escalance, M.D. Catonsville, Maryland 21228 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION REMOVAL 23b. DATE COUNTY 13ALTO CO. LAMOSDOWN IS UM 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FEB 2 8 1980 Finter Real. 24 FUNERAL DIRECTOR DHMH-16 20M (VRA 15, 4) 7/78 ママママ い

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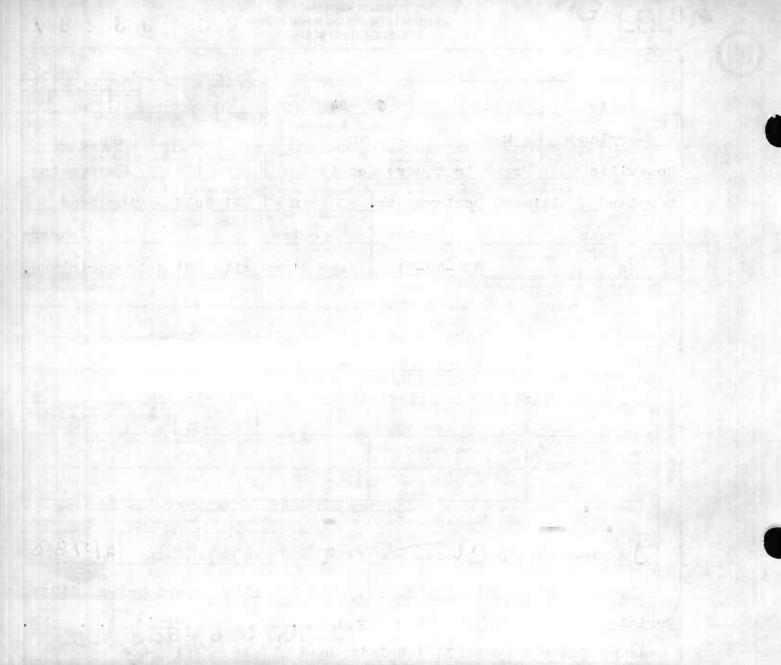
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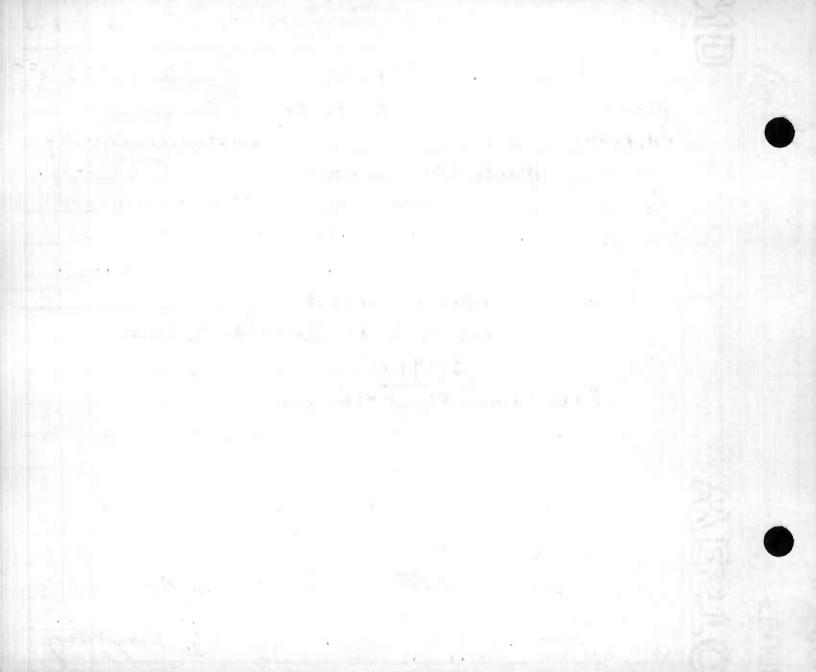
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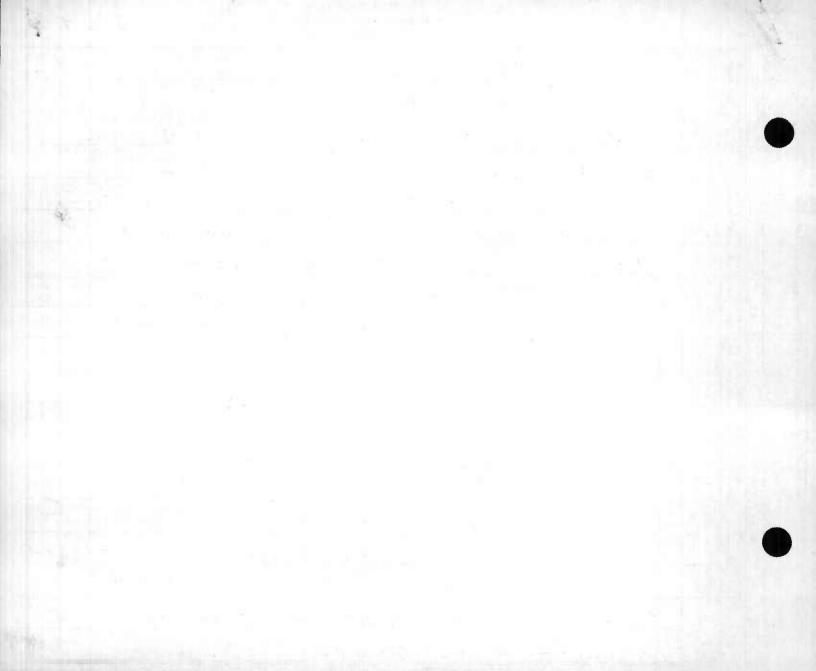
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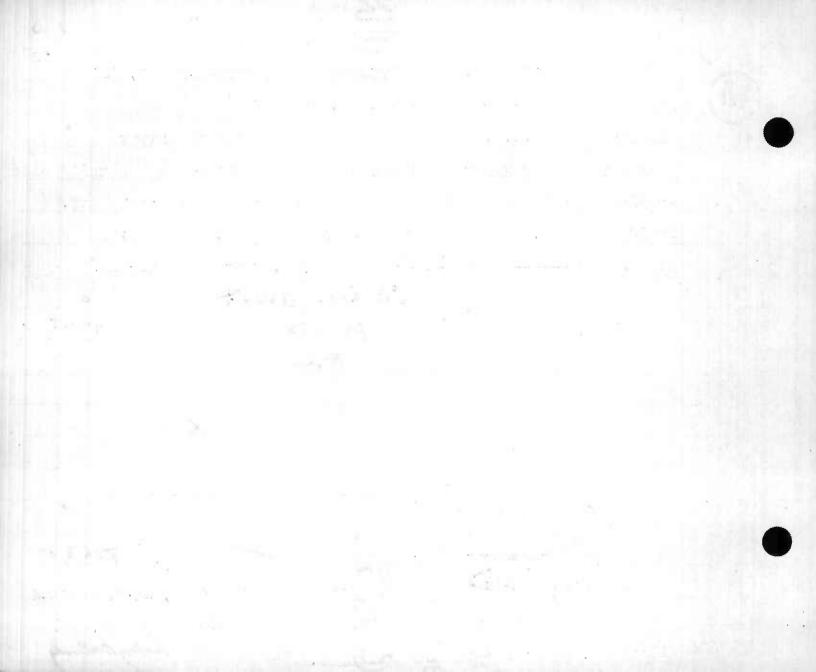
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG NO MIDDLE 2a DATE OF DEATH 1. DECEASED NAME MONTH 2h. HOUR (TYPE OR PRINT) Joseph Usment IF LINDER LYEAR IF UNDER 24 HRS 1 SEX 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) YEAR HOURS male white 03 19 YRS BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNT WIDOWED DIVORCED 126. KIND OF BUSINESS OR IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY TOWSON MUCTI- MEDICAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION) 130. STATE 136 COUNTY 13e STREET ADDRESS 134 INSIDE CITY LIMITS? ESSEX N. STVART ME NO P 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST FIRST MIDDLE LAST PODLE OSMENT ELSIE ADDRESS IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 247-22 0404 LILLIAN WNK APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for jat, 161, and ac PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO OP AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OWIER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 25e AUTORAY IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURAL PHILIPS IN ITEM 18, PART 1 OR PART 2) OR CONTRIBUTING CAME OF DEATH HOUR A.M MONTH DAY YEAR 21f LOCATION 21d INJURY OCCURRED 210 PLACE OF INJURY ORY, OFFICE, FARA, ETC.) STREET CITY OR TOWN COUNTY STATE AT HOME, STREET, FAC 220 | certify that/(1) (this haspital) attended/the decembed from saw the deceased alive or and that in (my) (our) aginion death accurred on the date and have and from the causes stated above III - rated faid not been the Body ofter death DEGREE 220 DATE SIGNED 276 SIGNATUR ATTENDING MEDICAL STAFF
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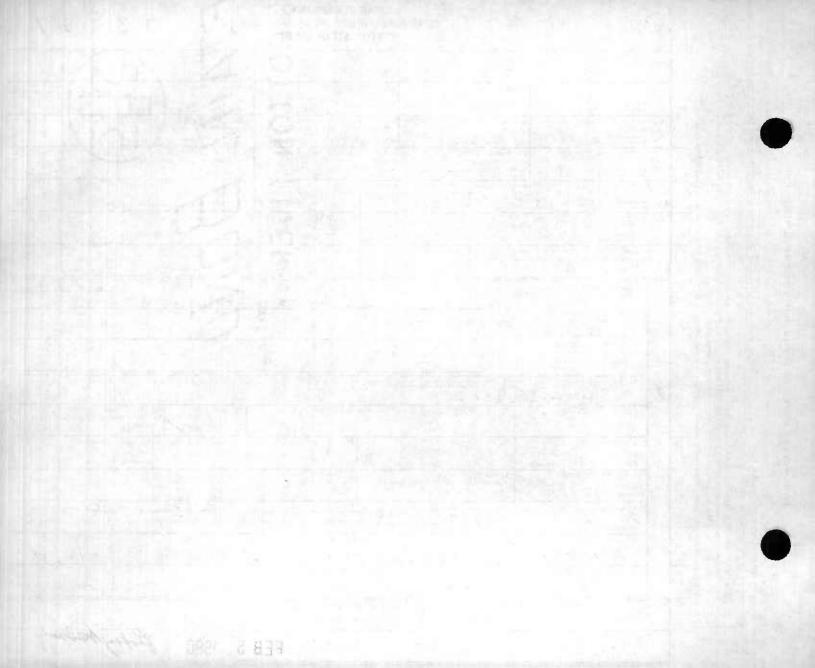
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ar oth		underlying couse in	ost. (c)							_	
ry,			CANT CONDITIONS	CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONE	ITION GIVEN IN F	PART No		
<u> </u>		1+97	endendi	9							
Sany	3	190. DATE OF OPERATION	19b. CON	IDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		E FINDINGS USED CAUSES OF DEATH?		
M Cod	4						YES NO D	YES 🗌	NO 🗌		
8 C	7	OR CONTRIBUTION CONTRI		OF INJURY	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	IN ITEM 18, PART 1 OR	PART 2)		
Item 18 sho		(IF EITHER, NOTIFY MEDICAL EX	E OF DEATH	P.M.	19						
o	П	21d. INJURY OCCURRED	LATHOME	E OF INJURY	SEICE EARM FTC 1	21f. LOCATION	CITY OR TOW	N COU	JNTY STATE	Ī	
rked		WHILE NOT WHILE AT WORK		STREET, FACTORY, O	TINCE, FAMIN, ETC.,		1-				
E .		22a.1 certify that (1) (thi	s haspital) attended	the deceased f	rom(C)(, 19_7	9,10 2/2	. 19	, that (I) (we) las	st	
21 is	1	sow the deceased o	live on 12 (did not) view the boo	127	19_77, or	d that in (my) (our) opinion	n death accurred on the do	te and hour and fr	rom the couses stated		
E		22b. SIGNATURE	(ala not) view the boo	ay offer deoffi.		DEGREE		22	C. DATE SIGNED	-	
=	Н	Marke	m (', ()nanc		MI ATTENDING	DIRECTOR PHYSIC	F	2/5/50		
Z-	\dashv	224. PHYSICIAN'S NAME	(TYPE OR PRINT)	10000	an i	22e ADDRESS	D DIRECTOR PHISIC	AIV	10/00	-	
IMPORTANT: IF			n C Orman	M.D.		2936 East	Baltimore St	Baltim	ore. Md		
WP.	-	2- PUDIAL CDCAATICAL DC	10111 I 221 D 275		22. NIAME OF C	EMETERY OR CREMATORY		20201110	5207 114	=	
	1	3a. BURIAL, CREMATION, REA		/00			CITY OR TOWN	COUNTY	STATE		
_	-	Burial 4 FUNERAL DIRECTOR	2/6	/80	Loude	n Park	ATE REC'D. BY REGISTRAR	re, Mary			
6	12	NAME TOORS	J Ruck In	C Balt	imore.	Maryland FE		profrey	Langeria		
		Leonard	o work TI			7	0 1000	-			

STATE OF MARYLAND



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21.15			med car	
Tank Barage		i e, e le leus les	ing the state of	\nisu

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

24 DATE OF DEATH MONTH

REGISTRAR

I. DECEASED NAME TYPE OFFINANK

4 RACE

Plotczyk 5. DATE OF BIRTH 2/27/80

AGE IN YEARS LAST BIRTHDAY

REG NO

9:25A

IF UNDER 24 HRS

3 SEX male 78. BIRTHPLACE ISTATE OR FOREIGN

white 7h CITIZEN OF WHAT COUNTRY? USA WIDO WED |

34 MARRIED NEVER MARRIED DIVORCED |

BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 12ª USUAL OCCUPATION

IF UNDER 1 YEAR

12h. KIND OF BUSINESS OR INDUSTRY

Maryland IN CITY OF TOWN OF DEATH

Towson 136 COUNTY Maryland

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Raltimore

13c CITY OR TOWN

LAST

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Greater Baltimore Medical Center

134 INSIDE CITY LIMITS? YES |

Cardio respiratory arrest

NO T

13e STREET ADDRESS 15 MOTHER'S MAIDEN NAME

MIDDLE

Fur.Finisher

[TYPE OF WORK FOR MOST OF WORKING LIFE]

900 B Ring Factory Rd. Joppa Md

13a STATE

4 FATHER'S NAME Vincent

yes

MIDDLE Plotczyk 60 WAS DECEASED EVER IN U.S. ARMED FORCES?

166 SOCIAL SECURITY NO 217 14 9336

Anna 17 INFORMANT Mrs. Georgia Plotczyk 900 B Ring Factory Rd

FIRST

ADDRESS

Bujonowski

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Hecht-May Co

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY

Canditions, if any, which gove rise to immediate cause (a), stating the underlying couse

190 DATE OF OPERATION

71a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING TO CAUSE OF DEATH LIFEITHER, NOTIFY MEDICAL EXAMINER)

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g

IMMEDIATE CAUSE IO

DUE TO, OR AS A CONSEQUENCE OF Metastatic Bladder CA DUE TO, OR AS A CONSEQUENCE OF

1% CONDITION FOR WHICH OPERATION WAS PERFORMED

YEAR

19

28e AUTOPSY?

NOIX

CITY OF TOWN

and that in (my) (aur) apinian death occurred an the date and hour and fram the causes stated

DIRECTOR PHYSICIAN TY

Baltimore

27/80

21c. HOW INJURY OCCURRED. JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21.

20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T

NO F

STATE

CERTIFICATION

4	Ē.	
4		
	44	¥

WHII AT WC	E C	,
22a.1	certify	th

22h SIGNATURE

214 INJURY OCCURRED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

23a BURIAL CREMATION REMOVAL

iat (I) (this haspital) attended the deceased fram, 2/27/80 saw The deceased alive an.

3/1/80

216 TIME OF INJURY

P.M

21e PLACE OF INJURY

HOUR A.M. MONTH DAY

above, (I) (we) (did) (did not) view the body after death

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

DEGREE

22e ADDRESS GBMC, 6701 N. Charles Street, Balto

PHYSICIAN

211 LOCATION

1780

Sacred Heart Of Jesus

23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION

MEDICAL

COUNTY

221 DATE SIGNED

/27/80

COUNTY

STATE

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERA should be det with the State

IMPORTANT:

24 FUNERAL DIRECTOR

Brial

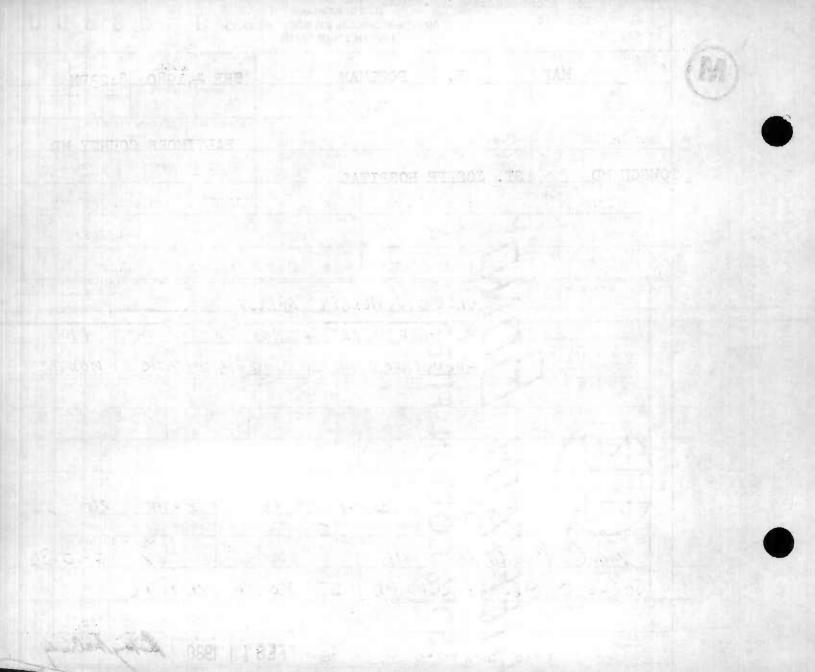
Walter Dabrowski 1005 Dundalk Avenue

Hassan Farid, M.D.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE perfory Mc Creedy

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or Hechte-My Co	Lr. in Sh				
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	*iQ Fr	eneral Fili de	s being	(1/5)	rist
				wski 1005 Du	





inding physician and completely filled in by the function corbanpapers. Pages 1 and 2 should be filed within 72

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove corban papers, with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

retained by the haspital or attending physician.

any injury, ar other traumatic event, th

IMPORTANT: If Hem 21 is marked or Item 18 shows

٠.		FOR	-
1	_	STATE	>
•		DECISTRA	D

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

REGISTRAR				CERTI	FICATE OF DEATH		REG. NO.			
1. DECEASED NAME (TYPE OR PRINT)	FIRST		E .		LAST FIER		DEATH MONTH	3	198	26 HOUR P
SEX Female		4 RACE Whi			OF BIRTH 22, DAY 1899	6. AGE (IN YEA	ARS LAST BIRTHDAY)	IF UN MONTH	DER 1 YEAR	IF UNDER 24 HR
BIRTHPLACE (STATE	and III S A				ED NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE COUNTY				
TOWSON	DEATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120 USUAL O	CCUPATION FOR MOST OF WORKI	112	26 KIND OF NDUSTRY	BUSINESS
USUAL RESIDENCE (# 130. STATE Maryland	NURSING HOME O	NOTHER INSTITUTION	B Baltim	N	134 INSIDE CITY LIMITS?		DDRESS Montebel	lo Te	errac	е
August		WIDDLE	LAST Scheper		15. MOTHER'S MAIDEN NAM Virginia	MΕ		?	LAST	
OB. WAS DECEASED E (YES, NO OR UNKNOWN)		RMED FORCES? E WAR OR DATES)	166. SOCIAL SECU 212-09-5		Mr Robert M	Pontie	ADDRESS	San	ne	
PART 2. OTHER: 19a DATE OF OPI	tating the ause last.	(c)CONDITIONS CO		DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE	PSY? 20b. 1	F YES, WE	RE FINDIN	
OR CONTRIBUTION	CAUSE OF DE	AIN	M. MONTH DA		21¢ HOW INJURY OCCURR		NO	YES 🗌		NO 🗍
(IF EITHER, NOTIFY M		21e. PLACE		ARM, ETC.)	21f LOCATION STREET		CITY OR TOWN		OUNTY	STATE
sow the dec	eased olive an	FEBRUA	gitter death.	BO .	19	death accurred	STAFF 6	haur and		SIGNED
22d, PHYSICIAN"	S NAME (TYPE C	OR PRINT)			PHYSICIAN L 22e ADDRESS 7620 YORK RO		OWSON,			
30. BURIAL, CREMATION (SPECIFY) Burial		23b. DATE 2/6/8			CEMETERY OR CREMATORY Redeemer		timore,		land	STATE
4. FUNERAL DIRECTO		Inc R	ADDRESS	Maru	25a. DATI		GISTRAR 151 RE	E.A.	SICKATU	Creody

Leonard J Ruck Inc. Baltimore, Maryland

DHMH - 16 50M 1/76 (VR A 15 (4))

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Section .

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Transport Transport

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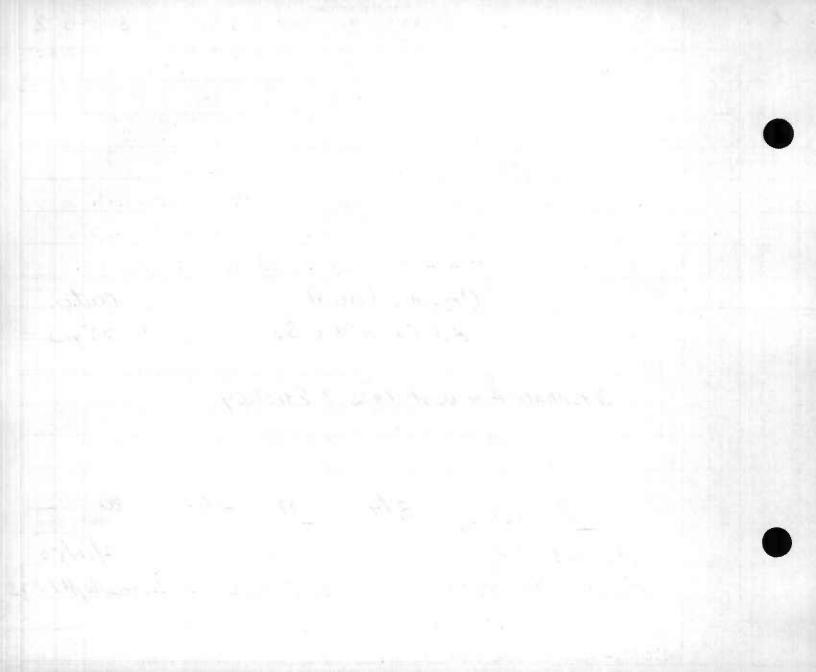
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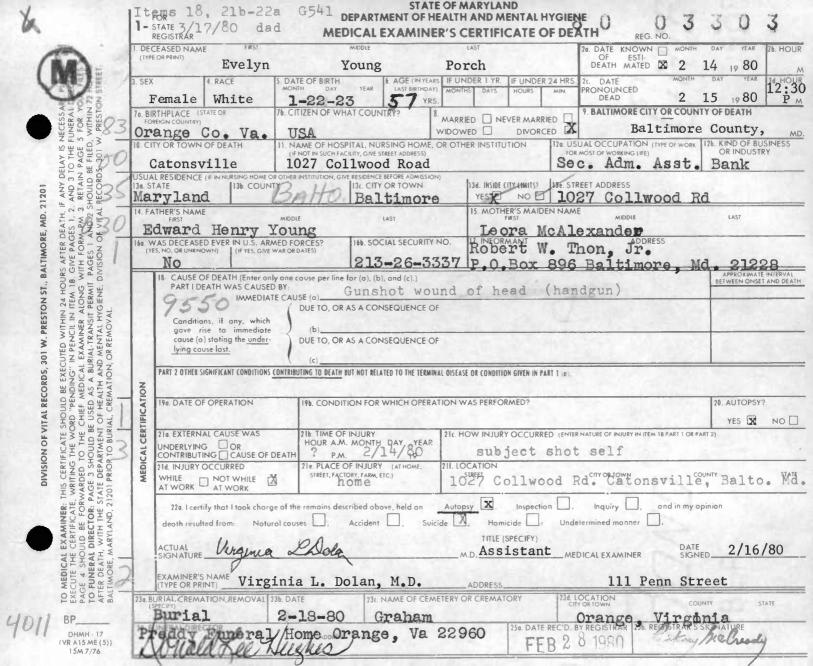
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9500 Mill Tonn. Tornal, Beneficial 3830





THE RESIDENCE OF THE PARTY OF T

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENER [] - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 2n DATE OF DEATH DECEASED NAME 2b. HOUR (TYPE OR PRINT) Gibson ALEXANDER PORTER 5 80 6:50A & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. 3 SEX 4 RACE S. DATE OF BIRTH Oct. 10,1902 Male White To. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH Maryland MARRIED NEVER MARRIED USA Baltimore County WIDOWED [10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Greater Baltimore Medical Center Towson Architect DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION)
13a, STATE 13b, COUNTY 13c, CITY OR TOWN LI34 INSIDECITY LIMITS? 13e STREET ADDRESS Maryland Baltimore YES A 4822 Roland Ave. IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME Minor Gibson Porter Margaretta Carrington Price 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16b SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes 212-28-4692 WW Betty Jean Porter Same 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Pulmonary emboli DUE TO, OR AS A CONSEQUENCE OF Congestive cardiac failure Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last Arteriosclerotic cardiovascular disease PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 prior 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES XT buriol-transit p 210 ACCIDENT WAS UNDERLYING 21h TIME OF INTURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY

STATE

80

TO FUNERAL E should be detail with the State D MPORTANT: 23g. BURIAL, CREMATION, REMOVAL 23b. DATE Cremation

24. FUNERAL DIRECTOR

WHILE

22b. SIGNATURE

NOT WHILE

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

220.1 certify that X (this haspital) attended the deceased from Feb. 5

sow the deceased alive on FED. 3

John E. Adams, M.D.

Feb.

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

ATTENDING

80

DIRECTOR PHYSICIANX

Feb

and that in XXX (our) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED 2 - 5 - 80

6701 N. Charles St. Towson, Md. 21204

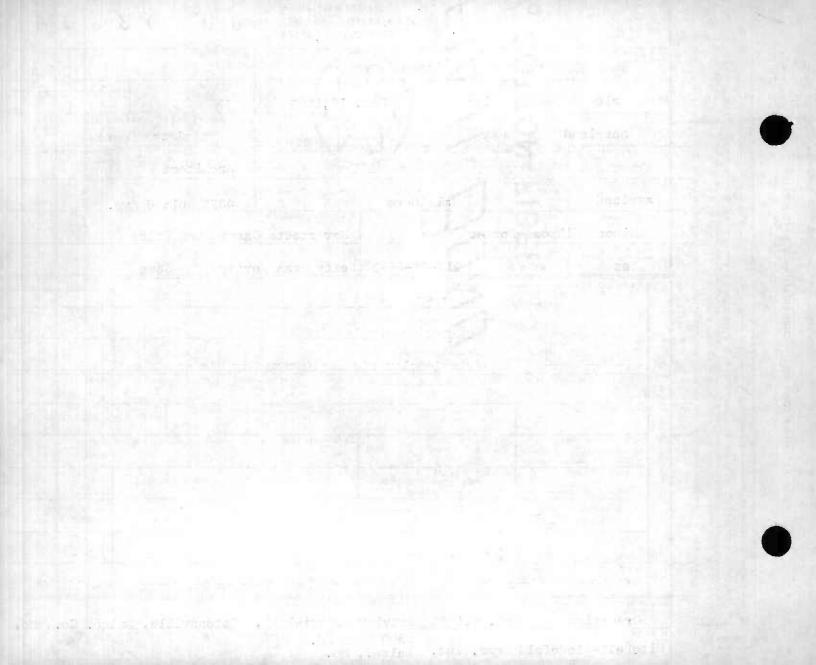
STATE

Feb. 6,1980 Westview Memorial Pk. Catonsville. ADDRESS 6500 York Rd.

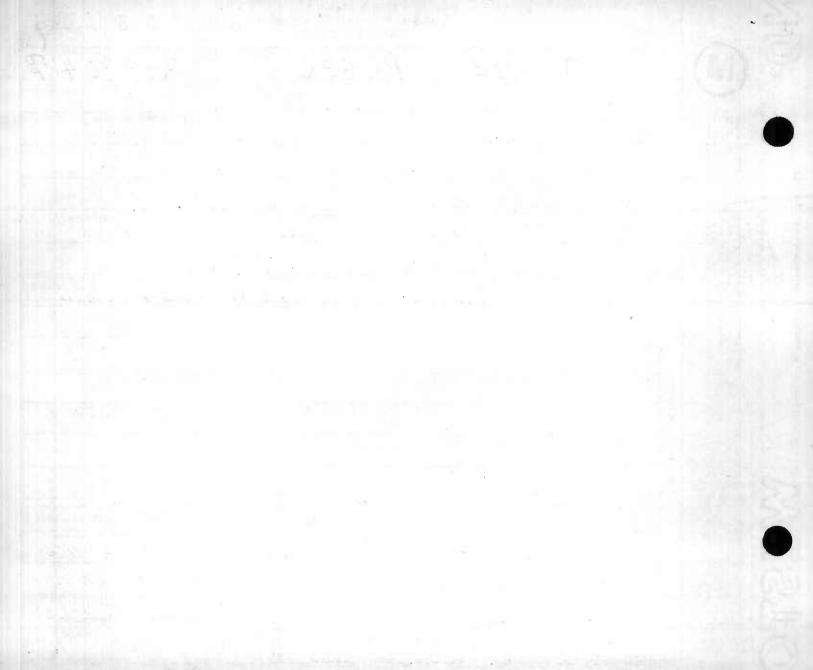
Balto, Co., Md. IE REC'D. BY REGISTRAR 25b. REGISTRAR'S Mitchell-Wiedefeld Home, Inc. Balto., Md.

23d. LOCATION

DHMH - 16 50M 1/76 (VR A 15 (4))



STATE OF MARYLAND



4 may be

within 24 haurs afte

executed

death certificate

that the

30

ATTENDING PHYSICIAN: The ar attending physician completely filled in by the funeral directors I and 2 shauld be filed within 72 hours of

the attending physician and camplete remove carbanpapers. Pages 1 and 2

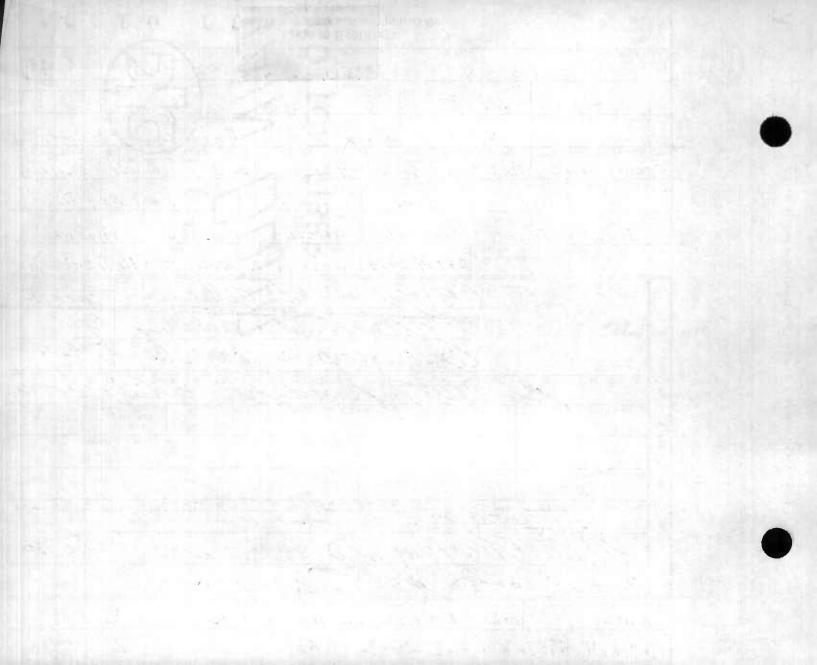
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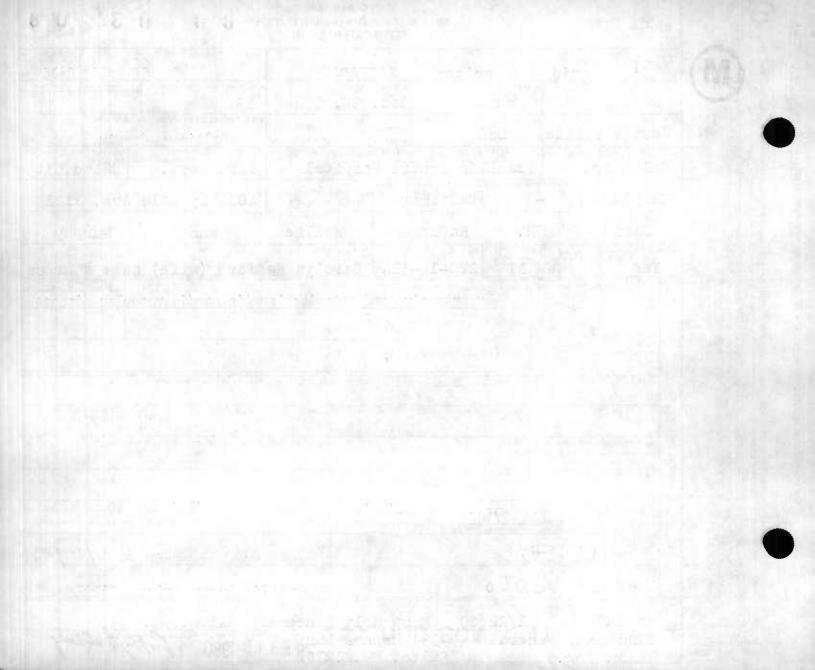
TO FUNERAL DIRECTOR: retained by the haspital

DHMH-16 20M (VRA 15, 4) 7/78

2	1.	FOR STATE REGISTRAR			DEPAR	TMENT OF H	E OF MARYI EALTH AND ICATE OF	MENTAL HYG	IENE 8	REG. NO		0 3	3	0 6
		CEASED NAME OR PRINT)	FIRST WALT		EE		INCE		2a. DATE OF			1 80	10.71	OUR : 45Pm
1	3 SE Ma	le		4 RACE Whit	e	S DATE O		1906	6 AGE (IN YEA	3	YRS		AYS HOUR	DER 24 HRS
S.F.	[RIHPLACE (STATE OR F DUNTRY) Maryland		USA		WIDOWE	D	MARRIED	9 BALTIMOR B			COL		, MD
hothied		TOWSON		GREATE	REPUBLICATION OF THE PROPERTY	O. ME			120 USUAL OF REE.	Sale	on Fworking Li smar	FEI INDUS	of Bus TRY achin	
most be	13a. S	al residence (F NUR STATE (aryland	136 COU		GIVE RESIDENCE BEFO 130. CITY OR TO Parkto	WN	YES 🗌	CITY LIMITS?	130. STREET A		dleto	wn R	oad	
230		Charles		E.	Princ		El		(Ur	nkn)		Wri	ghtc	
medico	16a V	VAS DECEASED EVER (ES, NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	216-05			AN(Wife) Ruby A		addre:			lleto	
njury, ar ather trau	NO	Conditions, if any gove rise to im- couse (a), statis underlying couse PART 2 OTHER SIG	mediate ng the last.	DUE TO, OF	SQUAMOURAS A CONSEQUENTRIBUTING TO	UENCE OF		CER OF H META				/EN IN PAR	T 1(0)	
Soms ony	CERTIFICATION	19a DATE OF OPERA			TION FOR WHIC	H OPERATIO	N WAS PERF	ORMED	20a AUTOI	PSY?	IN CERTIF	S, WERE FIN	ISES OF DE	SED EATH?
Hem 18 st	MEDICAL CE	21a. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDIC	CAUSE OF DE	HOUR A.	M. MONTH I	DAY YEAR	- 11	NJURY OCCURR	RED (ENTERNATI	URE OF INJUR	Y IN ITEM 18, F	PART 1 OR PART	2)	
orked or	MED	AT WORK - AT WE	THILE		EET, FACTORY, OFFICE		21f LOCAT STREET			CITY OR TOW	'N	COUNTY		STATE
n 21 is m		220.1 certify that X saw the deceas above, (X (we) ((this hospi ed alive on did) (Adap	tal) attended the 2/1/8 Viview the bady	deceased from 0 19 ofter death.			, 19 <u>80</u>) (aur) apinian c		on the do	ite and hou		the couses	stated
Z		276 SIGNATURE		relell	of a			ATTENDING PHYSICIAN	MEDICAL DIRECTOR [STAF PHYSIC	F IAN D		2/1/8	
IMPORTANT: If them 21 is marked of		R. VI	LLEN	JEVA			670	1 N. C	HARLES		•	2	21204	+
_	23a E	urial, cremation, specify) Buria			5,1980					more		y, M		
20M 7/78	M	artin D.	Laws	on 10 w	. Pador	nia Rd	. Tim	onium E	REC'D. BY RE	80	Fre	Har'S SIG	Cher	dy

(VR A 15 (4))





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1	1-	OR dad	8 & 22a		DEPARTMENT OF THE PROPERTY OF		AND M	ENTAL			0	3	3	1	0
T	I. DEC	REGISTRAR CEASED NAME OR PRINT)	FIRST MAMT		MIDDLE H		RAMSE		JF DEA	2a. DATE KN	STI-	MONTH 2	26	YEAR 80	2b. HO
M)	fe.	ma 1e	4. RACE white	5. DATE OF BIRTH	6. AGE (IN	YEARS IF UN	IDER 1 YR.	IF UNDER	R 24 HRS.	DEATH M. 2c. DATE PRONOUNCE DEAD		MONTH 2	DAY 26	YEAR 80	2 8 HQ
70	No	THPLACE (ST	rolina	76. CITIZEN OF WH	AT COUNTRY?	9	ED A NE	VER MARR	SIED L	9 BALTIMOR Baltir	_				
	ID. CITY OR TOWN OF DEATH Rossville 21237			Franklin	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT INJUCH FACILITY GIVE STREET ADDRESS) Franklin Square Hospital 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Clerk								Dept	NDUSTR'	Υ
13	Ma ST	ryland	Balt:	or other institution, giv TY LMOPE	136. CITY OR TOWN		13d. INSIDE CI YES	NO 🗶		Grant	wood	Road	d 212	220	
		THER'S NAME Doyle		MIDDLE	Henderso			Til		MIDDL			LAS	ST	
10	60. W	AS DECEASED S, NO, OR UNKNO NO	D EVER IN U.S. AR/	WED FORCES? WAR OR DAYES)	245-44-9		I7. INFORM Lewi		oks l	Ramsey	ADDRESS San	ne			
	NO	gave ris cause (a) lying caus	is, if any, which e ta immediate stating the <u>under-</u> se last.	DUE TO, OR	Coronary AS A CONSEQUENC Dissectin AS A CONSEQUENC UI NOT RELATED TO THE TO	e of g hema	atoma								
	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH OP	PERATION W	AS PERFOR	MED?						TOPSY?	NO [
	DICA1	UNDERLYING CONTRIBUTION	CAUSE WAS OR GCAUSE OF I CCURRED NOT WHILE AT WORK	P.M.	MONTH DAY YE	21f. LOC	OW INJURY CATION TREET	OCCURRE	ED (ENTERN	CITY OR TOWN	IN ITEM 18 PAR		RT 2)		STATE
2.			y that I taak charged from Natur	e af the remains descrat couses (X);	Accident ,	Suicide	Hamic	PECIFY) sistar	Undete	Inquiry Inquiry CALEXAMINE	er .	DATE		-26-	80
-	(SF	RIAL, CREMATE BURIS	ION, REMOVAL 2	3b. DATE 2-28-80	23c. NAME OF C	EMETERY OF	emoria	al Ga	rd.	CATION Baltim	ore C	ount	ty. M	sta [ary]	
		News -	an A	al Home P	1407 01	d East				REGISTRAR			KE		20

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR FIRST DECEASED NAME 26. DATE KNOWN MONTH 2b. HOUR (TYPE OR PRINT) ESTI-Leah DEATH MATED Joanne Raugh 28 1980 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. 2d HOUR SEX IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 12:25 Female White 281,980 5 1959 20 DEAD 10 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED X FOREIGN COUNTRY) Baltimore County. Maryland DIVORCED U.S.A. ID CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS Back River Neck Rd at Turkey Pt.Rd RETAIN PA Student Essex USUAL RESIDENCE (IF INNURSHIP AND THE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS NAFCOUNTY 13c. CITY OR TOWN 336 Joplin Street Maryland Baltimore YES NO OF VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Wandrick Paul Raugh Anne ADDRESS336 Joplin St. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? WITH FOR DIVISION Balto.MD 21224 217-76-4685 Anne Raugh No 18. CAUSE OF DEATH (Enter only ane couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Multiple injuries IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES X NO 71a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR AND MONTH DAY YEAR UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH 11:20M. 27 1980 driver in auto/auto impact 21f. LOCATION 21e. PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE OF WHILE AT WORK street Back River Neck Rd at Turkey Point Rd. Balto. Undetermined monner TO M. PAGE A SHO.

TO FUNERAL DIR.

AFTER DEATH, W.

"TIMORE, MA! TITLE (SPECIFY) ACTUAL SIGNATURE Deputy Chiefical EXAMINER DATE 3/28/80 Thomas D. Smith, M.D. 111 Penn St. Balto.. MD. 23d. LOCATION 230 BURIAL CREMATION REMOVAL 23b. DATE 73c. NAME OF CEMETERY OR CREMATORY 3/1/80 Oak Lawn Cemetery Baltimore, Balto. Maryland Burial frofrey holandy Duda-Ruck , DRE Inc. **DHMH-17** FEB 2 9 1980 VR A15 ME (5)) 7922 Wise Avenue, Dundalk, MD 21222 15M 7/76

STATE OF MARYLAND

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STATE OF MARYLAND

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	DECEASED NAME FIRST (TYPE OR PRINT)	and E. Reed	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR 2.30
3.	Female	White S. Date of BIRTH MONTH / 25/29	6 AGE (IN YEARS LAST BIRTHDAY) UNDER 1 YEAR IF UNDER 24 HOURS MI
13	BIRTHPLACE STATE OR FOREIGN	Baltinuse Co. WIDOWED DIVORCED	Baltimore city or county of death County
551	Randallstown	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Bullimore—County A-H.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK ING LIFE) 120 USUAL SECURITY SOCIAL SECURITY ACMIN.
	USUAL RESIDENCE (IF NURSING HOM 30 STATE 136 CO		21 Cennamon Ci. Apt 3-I
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		1	nci. Apt. 3-D. Randalls fown. Mc
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	OR CONTINUE THE END OF WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN COUNTY STATE
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2	30 BURIAL, CREMATION, REMOV	AL 236. DATE 23c. NAME OF CEMETERY OR CREMATOR	23d. LOCATION COUNTY STATE

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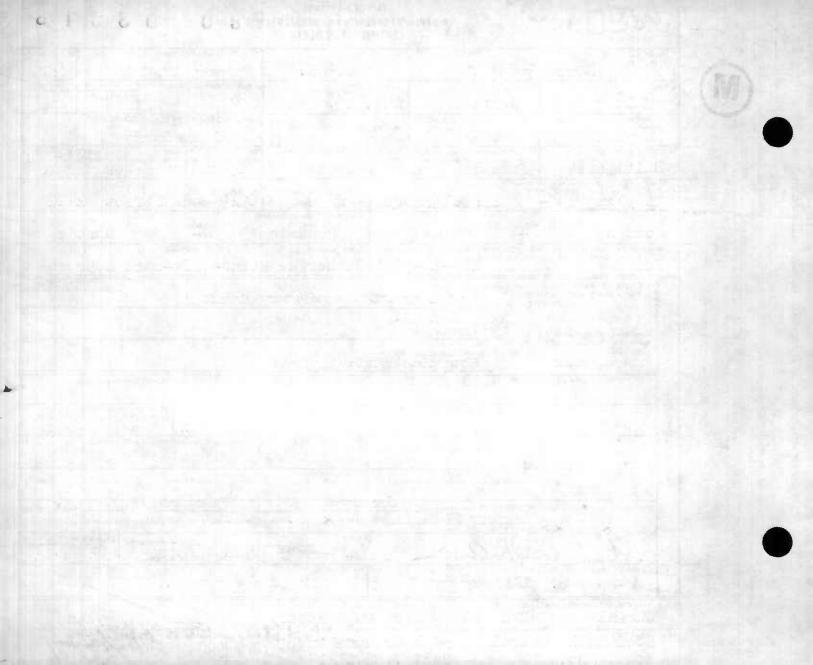
CITY OR TOWN Kesville Burial 3/1/80 Lake View Mem. Park S PUNERAL DIRECTOR FORD PLANT SERVICE STREET Carroll

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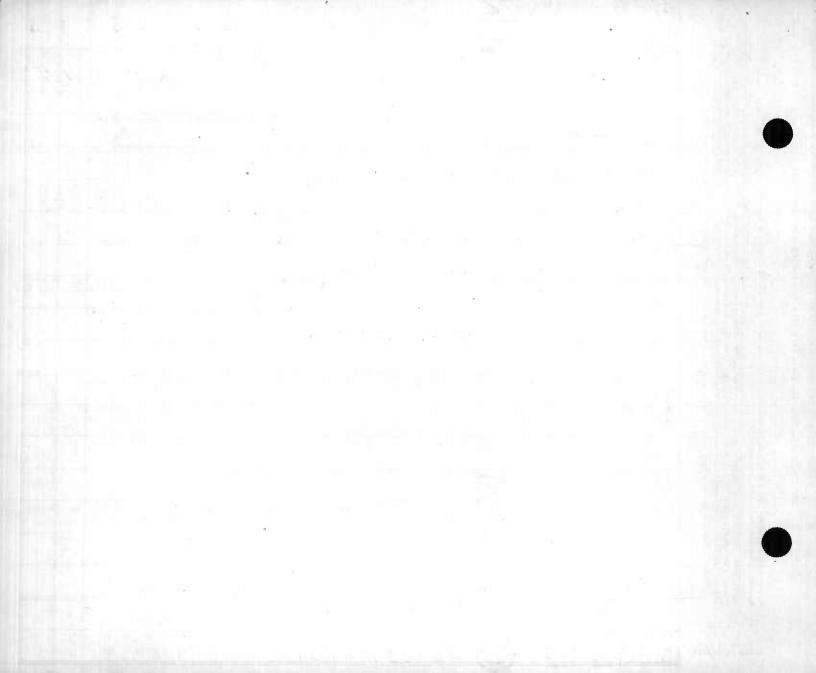
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN Th HOUR / TYPE OR PRINTI OF ESTI-52 DEATH MATED 1988 6 4.RAT DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE MONTH YEAR LAST BIRTHDAY) PRONOUNCED 3 1080 30 DEAD YRS To BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Bakersville. DIVORCED XX WIDOWED [11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 112h KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY 13c. CLTY OR TOWN 13d. INSIDE CITY LIMITS? AND 2 ST 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST Bryant Renfro Lone Dora 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT 603 Wingleaf Ct. ADDRESS DIVISION (YES NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 218 26 2661 Edward M. Renfro, Brother Edgewood. Md. 18. CAUSE OF DEATH (Enter only ane cause per line far (a) (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY les Cardin varaulan IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. HEALTH AND A PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 0 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF BURIAL YES [NO X 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR 0 UNDERLYING. MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN T WORK COUNTY STATE AT WORK 220. I certify that I taak charge af the remains described above, held on Autopsy and in my opinion ARYLAND, Natural couses death resulted from: Suicide Homicide Undetermined manner TITLE (SPECIFY ACTUAL PAGE 4 SHOU TO FUNERAL D AFTER DEATH, SIGNATURE. Below Pel Balt 21236 EXAMINER'S NAME (TYPE OR PRINT) TIO BURIAL CREMATION Lewis-Griffith Cemetery Brummits Creek. THE FUNERAL BRECTOR HUNTRAR ISB REGISTRATE SIGNAT **DHMH-17** (VR A15 ME (5)) 7400 Old Eastern Home 15M 7/77

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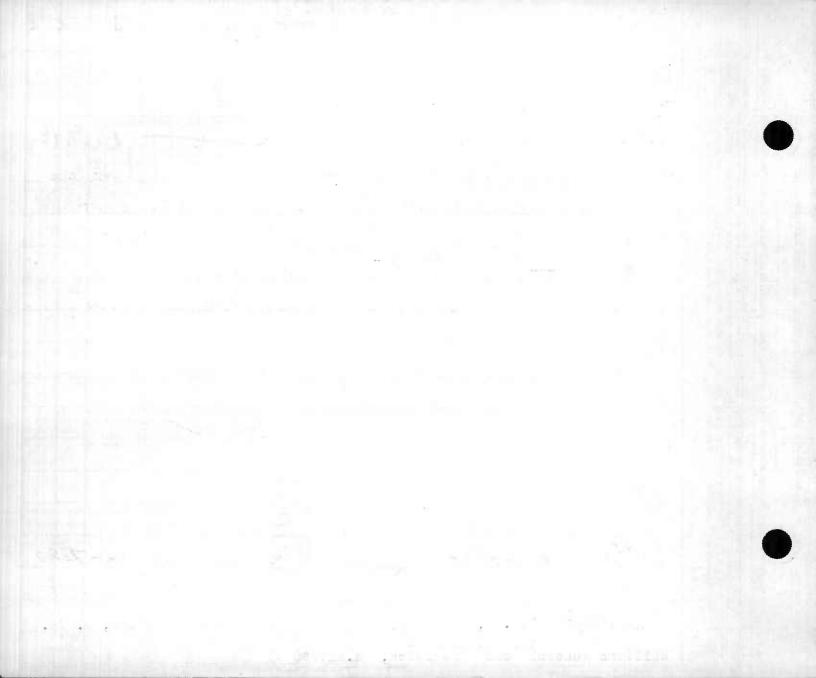
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Ruck Towson Funeral Home, Inc.

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OM	RST Virginia	U.S. A. WIDOW	_/	Calousvil	Te Balte Do mo
1/1 2	aLTIMOSE CO.	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FORE ST HAVEN NUSS	OR OTHER INSTITUTION	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	INDUSTRY Own Home
22 13	UAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)		13e STREET ADDRESS	- Jown nome
00	.0.1	ward ELLICOTTCITU	YES NO TO	3250 Old F.	ence Road
31	FATHER'S NAME	MIDDLE Ph 11.05	15 MOTHER'S MAIDEN NA	AME MIDDLE	LAST
A 160	WAS DECEASED EVER IN U.S. AR	MED FORCES? THE SOCIAL SECURITY NO.	J INFORMANT	ADDRESS	11610
1		MED FORCES? 14 10 4250 - 214-114-33371	-ID	de Avenue-F	
	IN CAUSE OF DEATH (Enter or	lly one couse per line for (a), lb/, and icy		, P	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAUSE	TE CAUSE (0) MIC Tasta h	'c Breas	* Cancer	2415-
	1749	DUE TO, OR AS A CONSEQUENCE OF			
	Conditions, if any, which	(b)			
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF			
	underlying couse lost.	(c)			4.6
Z		CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART 1(0)
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	206 AUTOPSY? 206. IF	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
				YES NO	YES NO
/	OR COLUMNIA COLUMN OF OF OR	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21¢ HOW INJURY OCCUP	RRED JENTER NATURE OF INJURY IN ITEM	A 18, PART 1 OR PART 2)
/ 3	OR CONTRIBUTING CAUSE OF DEA	P.M. 19			
MEDICAL	214. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
13	WHILE NOT WHILE AT WORK	,			JANE
	22s 1 certify that (I) (this hospi	tol) ottended the deceased from		, to	
	sow the deceased alive on above. (1) (we) (did) (did no	t) view the body ofter death.	nd that in (my) (our) opinion	death accurred on the date and	hour and from the causes stated
	226. SIGNATURE		DEGREE		22c. DATE SIGNED
	Hawle	63681	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	2-7-80
	224 PHYSICIAN'S NAME (TYPE O		22e ADDRESS	11 11-11	1 1120
	MARCOLIS	R. B0/3	1220 PA	rk Heyhu	Wh 71702
236	BURIAL, CREMATION, REMOVAL	h	CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
	FUNERAL DIRECTOR		nway Cemeter	Berkley Sp	orings, W. Va.
78	Williams Funer	100 Peterswille Ros	au ,	CD T 9 1380	regel / Creaty

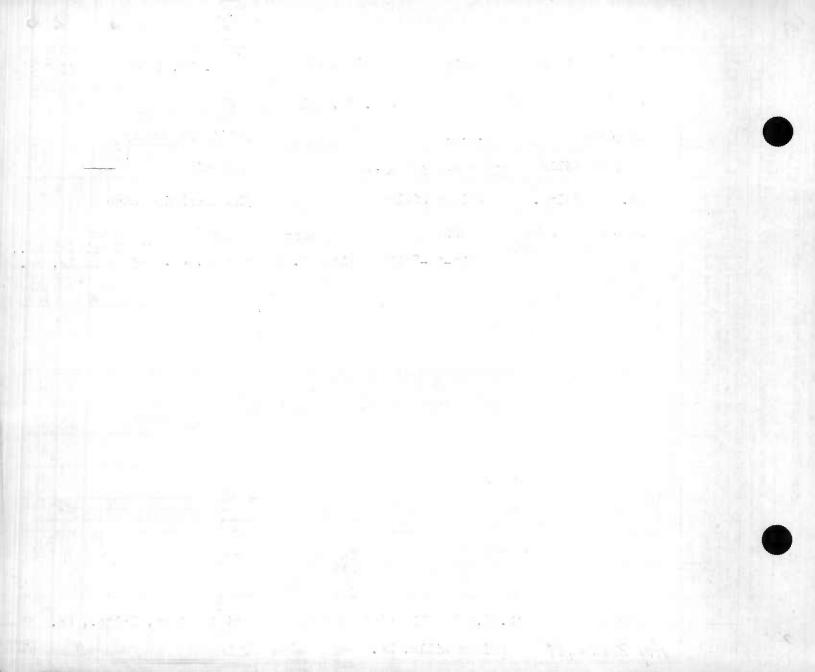


1 3	1.	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	US	J 6.	3
		CEASED NAME FIRST	MID	DLE	1	AST		MONTH DAY	YEAR 2	h HOUR
be 3	(145F	Dorot:	hv Ma	ae	Roc	ers	F€	b.24,1	980	,
A P	3 SE		4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIRTH	HOAY)	INDER I YEAR II	FUNDER 24 HRS
(nin)		Female	Cauca	asian	Nov	.1, 1931 7	48	YRS	ITHS DAYS F	OURS MIN
• W 35	C	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WE	S.A.	8	D NEVER MARRIED	Baltimore City of	R COUNTY OF	DEATH	
s offi		Sex 21221	11. NAME OF HO	SPITAL, NURSIN ACILITY, GIVE STREET LIFFE R	G HOME (DR OTHER INSTITUTION	120 USUAL OCCUPATION OF WAITES		126 KIND OF E INDUSTRY Restaur	BUSINESS OF
AND 212 n 24 haur	13a 3	at RESIDENCE (IF NURSING HOME OF TATE 136 COU! Bal	r other institution, girnty, timore	VE RESIDENCE BEFORE LESSEX 2	1221	13d INSIDE CITY LIMITS?	13. STREET ADDRESS AFINC	liffe	Road	
marylined within and 2 sl	Jo	hn Smith	WIDDLE	LAST		15 MOTHER'S MAIDEN NAMED FIRST PEARL	WIDDLE		Marsh	1
be executor and control on and control or secutor or se		VAS DECEASED EVER IN U.S. AR (15, NO OR UNKNOWN) (1F YES, GIV	RMED FORCES? 16	213 28		17 INFORMANT 4 Stanley W.	Rogers it		orto	TE INTERVAL SET AND DEATH
DS, 201 W. PRESTON ST, quires that the death certifications in the other diagram is greatly be been please remove carbang to burial, cremation, or reminary, or other traumatic events.	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (DUE TO, OR A	AS A CONSEQUE	NCE OF	TATIC LUNG	ADENOCARCI		IN PART 1(0)	
AL RECOR	CERTIFICATION	190 DATE OF OPERATION	. 196 CONDITIO	on for which	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [/ERE FINDING IG CAUSES OF	S USED F DEATH?
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir to thending physicion. Ther this certificate has been sig os the buriol-transit permit. Then th and Mental Hygiene prior to b orked or frem 18 shows any injury	MEDICAL CE	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALEXAMINER 21d INJURY OCCURRED WHILE OF WORK OF WORK	P.M. 21e. PLACE OF	MONTH DA	19	216 HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR CITY OR TOW		OR PART 2)	STATE
R ATTENDI hospital or RECTOR: A hed for use spt. of Heol		22a.1 certify that (this hosp sow the deceased alive on above, (1) (we) (did) (did no 22b. NGNATURE	2/15	19.8		d that in (my) (our) opinion of			22c. DATE SIG	uses stated
O HOSPITAL O etoined by the TO FUNERAL Dishould be detocliwith the Store DA MAPORTANT; if it		DUNCAN CIPPE CO	Salmon	m.D	MD.	ATTENDING PHYSICIAN 220 ADDRESS 3100 WYMA	MEDICAL STAF DIRECTOR PHYSIC		2/25, MD	21211
506 BP	23a. E	Burial, Cremation, Removal	23b. DATE 2-27-80			m Cemetery	23d LOCATION CITYORTOWN Baltimore	County	Mary	STATE land
DHMH - 16 60M 1/75 (VR A 15 (4))		INTERAL DIRECTOR	medge	ADDRESS	Old E		REC'D. BY REGISTRAR	Sh. RECTRA	R'S SIGN ATUR	Æ .

TOTAL SECTION AND ADMINISTRATION OF THE PROPERTY OF THE PROPER can but the feet of the total and the second that The second of th and the second of the second o TOTAL PROTEINS STATE OF AN ALL MINES TO LANGUE TO SERVE WHITE I SEE THE SECOND OF THE SECOND STREET, THE SECOND STREET Total CANALAN COURT BEEN SEED OF THE
1-1-1-1 shars" ori (croline 1.5... nasville ran lie surere or ital or oter 152 - 152 mar 20 152 m and the state of t tion to swine 20-4-17 Burns Inter (. il cier- 17 eurose V.-lelais, le. with a color of aits en along the one, willow work! Solding a, well so

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 26 HOUR KNOWN 1980 OF ESTI-20 400 4AM DEATH MATED DAY 6 AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2d HOUR DATE 2€. LAST BIRTHDAY) PRONOUNCED 30 M 2-19-08 DEAD TO BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED K DIVORCED Virginia PAGE 5 E FILED, V 112h KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OF OTHER INSTITUTION 18 CITY OR TOWN OF DEATH Unemployed RETAIN PA USUALK SIDENCEME IN NURSING HOME 13c. CITY OR TOWN 15. MOTHER'S MAIDEN NAME OFVITAL 14. FATHER'S NAME MIDDLE LAST MIDDLE Unknown Unknown 17. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes DIVISI APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per tipe for a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PERMINAL DISEASE OR CONDITION CONTRIBUTION FOR A PART I 196. DATE OF OPERATION 28. AUTOPSY? OF BURIAL. YES . 3 SHOULD BE DEPARTMENT 21a. EXTERNAL CAUSE WAS HV. TIME OF INJURY 21c. HOW INJURY OCCURRED INTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING OF DEATH UNDERLYING 0 MEDICAL P.M 19 PRIOR 21e. PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 21f. LOCATION AT WORK AT WHITE STREET FACTORY FARM ELE CITY OR TOWN STATE DIRECTOR: P. WITH THE S. 22a. I certify that I took charge of the semains described above, held an Autopsy and in my apinian Hamicide Undetermined manner death resulted from ACTUAL NERAL DEATH, XECL PAGE 4 TO FUNE Burial Maryland Veterns Cem Cheltenham Varyland 24. FUNERAL DIRECTOR DHMH - 17 Harry H. Witzke 4112 Columbia RD Ellicott City (VR A15 ME (5)) 15M7/76

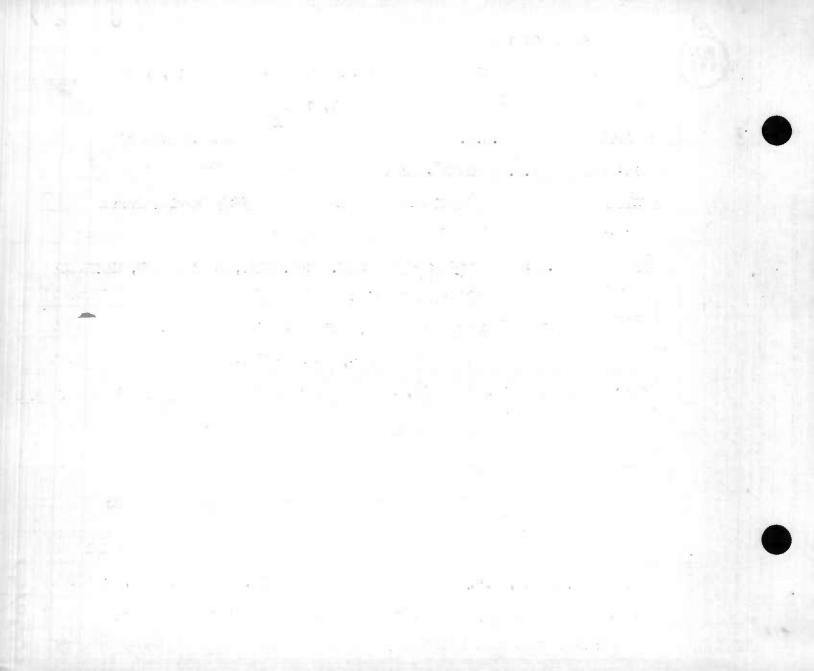
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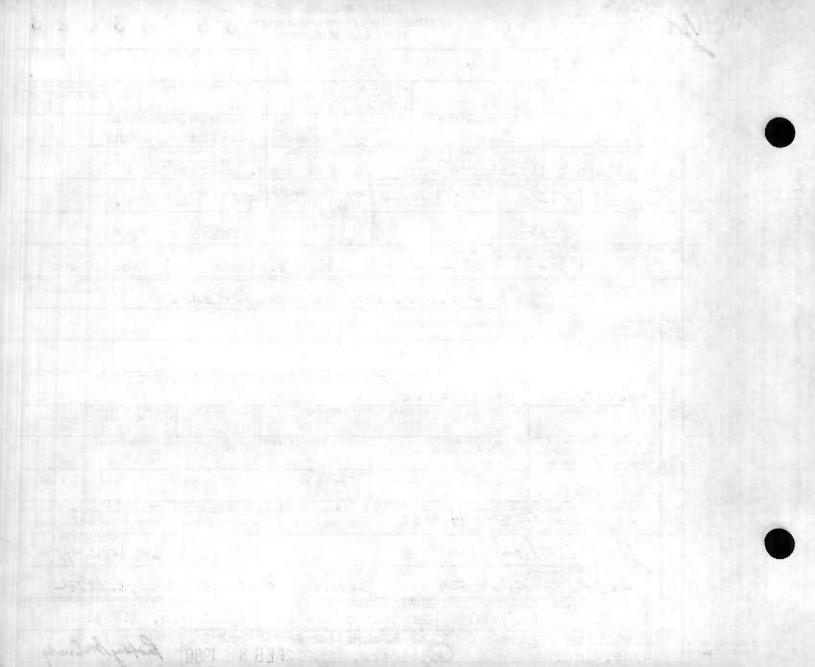
Items 19a &19b



DHMH-16 25M (VRA 15, 4) 1/79 14 FUNSTANTMUNEK Funeral Home. Inc

2331 Brehms Lan & Date REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Baltimore. Md. 212EBB 8

1980



FOR

REGISTRAR

24. FUNERAL DIRECTOR

STEWART & MOWEN CO., 108 W. North Ave.

DHMH - 16 60M 7/73 (VR A 15 (4)) - STATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

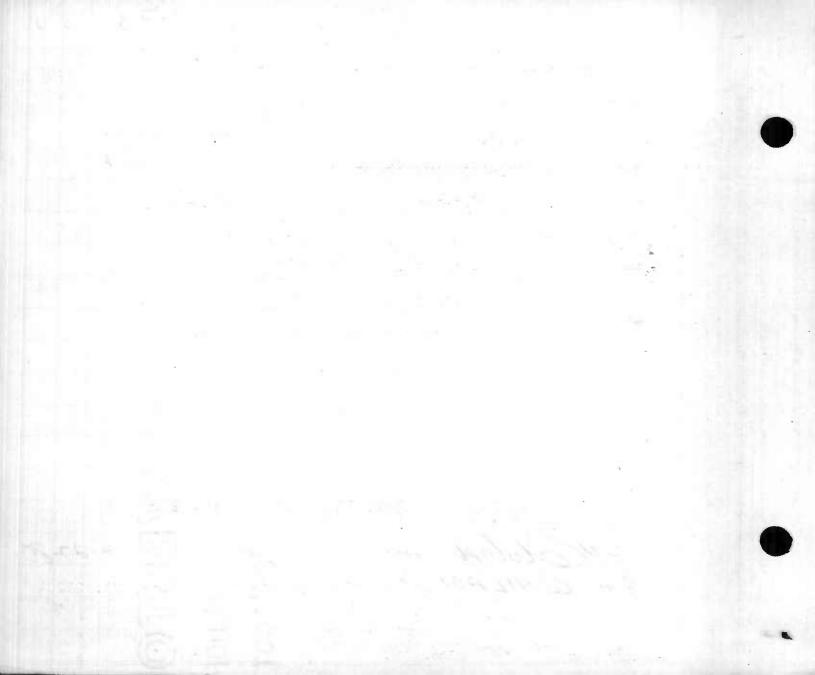
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔏

REG. NO

250 PATÉ REC'9. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

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		.o., 1870, 1011, .00.	BUOK & THAT



FOR STATE REGISTRAR	. DI	EPARTMENT OF HEALTH AN CERTIFICATE O		8 0 0 REG. NO.	3 3	3
I. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE J.	RUTH	2e D/	Teb 2	ZA 80	C OS
3 SEX M ale	A RACE	5 DATE OF BIRTH MONTH DA	Y YEAR	E (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
76. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COL	MARRIED L NEV	ER MARRIED 1 BAI	TIMORE CITY OR COUNT	TY OF DEATH	
Maryland 10 CITY OR TOWN OF DEATH TOWSON	Valley View	w Nursing Home	NSTITUTION 12a. U	altimore Cour SUAL OCCUPATION OF WORK FOR MOST OF WORKING Orporate Offi	126. KIND OF INDUSTRY	
USUAL RESIDENCE (IF NURSING HOME 130 STATE Maryland	UNTY 13c. CITY C	timore 13d. INSID	NO 🗆	REET ADDRESS 3605 Elkaden	r Road	
14 FATHER'S NAME FIRST Edward	0.	Ruth	ER'S MAIDEN NAME FIRST Alice	MIDDLE A.	Gib	son
160. WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES, O	EVE WAR OR DATES)	09-1568 Mr.	Read McCaff	ADDRESS rey Sun Lif	fe Bldg.	ATE INTERVAL
	ver m	NG TO DEATH BUT NOT RELA	ses			
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING		WHICH OPERATION WAS PE	YES	NOM IN CERT	ES, WERE FINDING FIFYING CAUSES O YES []	OF DEATH
OR CONTRIBUTING CAUSE OF	HOUR A.M. MON	TH DAY YEAR		NTER NATURE OF INJURY IN ITEM 18	3, PART 1 OR PART 2}	
WHEE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY	OFFICE, FARM, ETC.) 211 LOCA	trion	CITY ON TOWN	COUNTY	STATE
72s.1 certify that (I) (this has saw the deceased alive above, (I) (we) (did/(did/) 27k SIGNATURE	portal oftended the deceased on not view the body after death	54	AHENDING MED	OCCURRED ON the date and he	19 July and I you the co	Stranger and the second
TTI. PHYSICIAN'S NAME (TYP	E OR PRUM	220 ADD		CTOR PHYSICIAN	17/0	70
1 none	NOUY	ETV	6 LIN	LOW of) ons	7212
23a. BURIAL, CREMATION, REMOV. (SPECEY) BURIA1	NGUY AL 23b. DATE Feb. 23, 1980	23c NAME OF CEMETERY CO	on enemiation;	LOCATION CITYORTOWN Baltimore,	COUNTY	2/2 STATE

DHMH-16 20M (VRA 15, 4) 7/7B

TO HOSPITAL

remove corban papers. Pages

10 FUNERAL DIRECTOR: After this certificate has been signed by the attent should be detached for use as the burial-transit permit. Then please remave cowish the State Dept. of Health and Mental Hygiene prior to burial, cremation, is

